

THE IMPACT OF ILLNESS ON THE FAMILY AND THE
MINISTRY OF THE CHRISTIAN COMMUNITY

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In Partial Fulfillment
of the Requirements for the Degree
Doctor of Ministry

by
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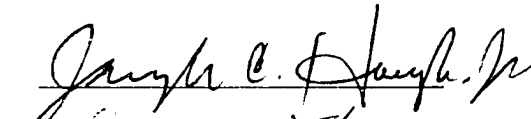
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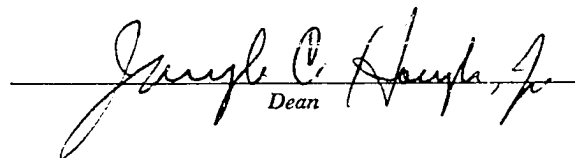

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ABSTRACT

Illness is a crisis in the life of an individual and his/her family. It is always a confrontation with one's own vulnerability. Because it brings emotions and questions close to the surface and forces one to recognize and examine them, this time becomes a 'strategic helping opportunity.' This paper seeks to discover and develop a constructive use of both the great opportunity and the great responsibility when the Christian community is called into a situation of illness.

In Chapter one, there is a brief overview of the Christian Church's historical involvement with situations of illness as well as some discussion of the biblical and sociological basis for that involvement. The second chapter focuses on specific needs experienced in a time of crisis. Those needs identified here include the needs for preparation, to be in contact with other members of the family, for the familiar, to be useful, to know what is happening, to share, and a need for meaning. Resources brought to the first section of this chapter include personal accounts of dealing with illness and death in one's family and studies of human reactions in major disasters. The second section uses sociological studies of ways in which individuals of different ethnic backgrounds and age levels approach life and its crises. In responding effectively to crises in particular families, one must be aware of differences in cultural or ethnic understandings of illness and what the experience is likely to mean to individuals at different stages in their lives. However, it is

also important not to assume what another person is feeling.

One of the needs identified in chapter two is the 'need for meaning.' This quest is especially significant to the participation of a Christian community in a situation of illness. Chapter three tries to to some resolution of the agonizing questions of 'why?' and 'where is God?' Although no answer is discovered, there is movement toward a means of coping with those questions, without sidestepping the issues and with maintaining the 'contagious conviction' that despite all evidence to the contrary, God is still present and loving, a 'universal, persuasive influence' who is involved and concerned. It is possible that there may be some positive effects from all the questions and suffering. Difficult situations tend to force self-examination, reprioritizing, and redirecting of one's life. Pain can be an effective stimulant to growth and service. Finally, there is an examination of the place of prayer, especially petitionary prayer, in times of illness. Chapter three uses theological, exegetical, and devotional resources, as well as autobiographical books written by individuals searching for explanations of why illness and death came into their own lives.

Chapter four lays out ways in which the Christian community can minister to families experiencing illness. The first section discusses responses to the specific needs identified in chapter two. Next, the special ministry of the ~~clergy~~ as pastor and as priest -- is examined. Last, there are some suggestions of practical actions a Christian community can take, during and after the illness.

• Ministry to the suffering is not answers and cures. It is more •
than activity. It is being who we are and letting God work through us.
People are just people who need love and each other, who hurt and are
trying to cope. The most effective ministry is to be the living and
present example or channel of the Good News of God's presence, care, and
love.

Chapter 1

INTRODUCTION

It is with our bodies that we relate to the world around us. Our existence is inconceivable without our physical being which is, therefore, of the very utmost importance. When it is healthy, all is well. But most men and women face illness during their lives, and all of us face death. These are times of great emotional and spiritual, as well as physical and medical, need, for the person who is ill and for his/her family. What are those needs? What is -- and can be -- the role of the Christian minister and Christian community in situations of sickness and suffering?

IMPORTANCE OF THIS PROBLEM

Illness is a crisis in the life of an individual and his/her family, and as such can be a turning point, a time for evaluation of life up to that point, and a redirecting of energy and commitments thereafter. Illness is always a confrontation with one's own illusions of invulnerability: "It can happen to me (or to us)," and we must face and cope with that possibility. Because the situation of illness brings these emotions and questions close to the surface and forces their examination, such a time becomes a "stra-

tegic helping opportunity."¹ Forces within the person are "teetering in the balance" so that even a relatively minor response from helping persons can have much effect. Those involved will re-establish some sort of equilibrium and turn again to a daily living, of enhanced or decreased quality. Clinebell described in this way:

The new equilibrium may be better or worse than in the past, in that the realignment of forces both inside his personality and in relationship with meaningful people. . . may lead to more or less satisfaction of his needs. He may deal with the crisis problems by developing new, socially acceptable, reality-based problem-solving techniques which add to his capacity to deal in a healthy way with further difficulties by evasion, irrational fantasy manipulations, or regression and alienation - all of which increase the likelihood that he will also deal maladaptively with future difficulties. In other words, the new pattern of coping that he works out in dealing with the crisis becomes thence forward an integral part of his repertoire of problem-solving responses and increases the chance that he will deal more or less realistically with future hazards.²

Thus, there is both a great opportunity and a great responsibility when the Christian community is called into a situation of illness. This paper seeks to discover and develop a constructive use of that opportunity and responsibility.

PROCEDURE FOR INVESTIGATION

In Chapter 1 there is a brief overview of the Chris-

¹Howard J. Clinebell, Jr., Basic Types of Pastoral Counseling (Nashville: Abingdon Press, 1966), p. 160.

²Ibid., p. 160, citing Gerald Caplan, Principles of Preventive Psychiatry, p. 43.

tian Church's historical involvement with situations of illness as well as some discussion of the Biblical and sociological basis for that involvement of the minister and the Christian community. This discussion is drawn primarily from pastoral counseling resources.

The second chapter focuses on specific needs in a time of crisis. Resources brought to the first section of this chapter include personal accounts of dealing with illness and death in one's family and studies of human reactions in major disasters. Because there have been few examinations of the reactions and functioning of families as units in extreme situations, these materials can be helpful in illustrating family needs in any time of family stress. An illness is a crisis situation for the family involved, and the needs, especially evident - uncovered - in disaster situations are present during illness, too. The second section uses sociological studies of ways in which individuals of different ethnic backgrounds and age levels approach life and its crises.

One of the needs identified in Chapter 2 is the "need for meaning." This quest is especially significant to the participation of a Christian community in a situation of illness. Chapter 3 tries to confront and come to some resolution of the agonizing question of "Why?" Beginning with a look at examples of what exactly this searching and questioning meant in individuals' life-experience, the chapter moves

quickly through historical approaches to this problem into more contemporary theology and a discussion of the possible positive value of mystery and not-understanding. It also reviews particular sources of Biblical response to the question. Finally, there is an examination of the place of prayer, especially petitionary prayer, in times of illness. Chapter 3 uses theological, exegetical, and devotional resources, as well as autobiographical books written by individuals searching for explanations of why illness and death had come into their own lives. These latter are especially valuable because they allow the reader to witness and almost participate in the process through which a "real live person" came to face, cope with and resolve the questions of theodicy in his/her own situation.

Finally, Chapter 4 lays out ways in which the Christian community can minister to families in situations of illness. The first section discusses responses to the specific needs identified in Chapter 2. Next, the special ministry of the clergy - as pastor and as priest - is examined. Last, there are some suggestions of practical actions a Christian community can take, during and after the illness. Counseling resources and personal accounts of what worked for particular individuals were especially useful here.

Illness, suffering and death are a part of the life-experience of every individual. They are times of great emotional and physical stress as well as physical and medical

need. The following sections are an effort to discover, develop and describe what the dynamics of such situations are, and means by which it may be possible for the Christian community to be constructively involved.

WHY THE CHURCH SHOULD BE INVOLVED

Christian involvement in situations of illness began with the healing ministry of Jesus. Throughout all the gospels, Christ's words and specific incidents in which he healed the sick made it clear that he and his followers would be involved in ministry to those suffering from physical needs as well as spiritual. In describing the sorts of things individuals had done which brought them favor in his eyes, Jesus included, "I was sick and you visited me."³ The New Testament scholar Victor Furnish wrote that although the word "love" does not even appear in this passage in Matthew, it offers an "unforgettable picture" of what love actually means and what obedience to Jesus' great commandment of "love one another" entails in actual daily life.⁴ By Jesus' words and example, we are clearly called to minister to the sick and their families.

In almost all cultures less specialized than the twentieth century West, priest, doctor, and often nurse,

³Matthew 25:36

⁴Victor Furnish, The Love Command in the New Testament (Nashville: Abingdon Press, 1972), p. 79.

have been one and the same person. For centuries in Western culture, the Christian church was the chief imitator of the Good Samaritan, binding up wayfarer's wounds and seeing to their care and recovery. At the beginning of the fourth century, the first "hospitals" were founded in Jerusalem. After the long, hard pilgrimage to the Holy City, when the pilgrims were weary, often sick and starving, it was the Christian hostels that took them in and cared for them. Primarily, these were places for "hospitality," but they were used for care of the sick when necessary. Later, such hostels or hospitals were established along the routes traveled by the Crusaders. In those buildings, there were sections set apart specifically for the sick.

The poor and sick who were not traveling often could find care in the monasteries. Until the last century, there was no separate nursing profession. Little or no medical care was available to the people outside of their own homes except in the convents and monasteries where the priests, monks, and nuns took on the tasks of nursing.

Records from the seventeenth century indicate that in the reformed churches, visits to the sick were considered obligatory for the parish pastor (along with visiting the homes of parishoners before communion). In the Presbyterian and Puritan communities of the seventeenth and eighteenth centuries, it was believed that ministry to the sick should lead the sick person to examine him/herself, and to repent, but

pastors were warned not to "cast him into despair" (indicating an apparent awareness of the effect of mental attitude on recovery).⁵ In early America, where there were both few doctors and few pastors, many men undertook both services as they traveled from town to town. Finally, part of the Christian missionary movement beginning in the nineteenth century was, and continues to be, the carrying of medical knowledge and treatment to other parts of the world.

Since modern medicine has come into its own in the last hundred years (or less), the church has given up most of its responsibility for the physical care of the sick. But that should never mean that the Christian community should cease responding to the needs and sufferings of the sick and their families.

The church is in a unique position in that it remains virtually the only major institution in our society which can relate to families as a whole, together, in one time and place. It is practically alone in holding that possibility, responsibility, and privilege. It is also involved in the turning points of an individual's and a family's life: births, marriage, death, and other crises of human living. It includes a group of motivated volunteers who are willing to share time and caring, simply because it is the loving thing to do. Lastly, it is an institution in

⁵ John T. MacNeil, A History of the Cure of Souls (New York: Harper & Row, 1951), Chapter 11.

which peers can be brought together to help each other learn to love and to grow.

Also within the church a paid professional - the minister - can be and expects to be called on in times of trouble. Throughout the centuries, the priest or pastor has been the helper and source of comfort and support during personal crises. Despite the marvels of modern medicine, psychology, social work, and all the other helping professions that now exist, the fact need be no less true today. Many people, particularly those associated with a church congregation, expect their pastor to stand with them in times of crisis. "Even though he feels a sense of awe in the presence of the mysterious and tremendous crises of life, he also feels a sense of security in the fact that his people both want and expect him to be present at their times of testing."⁶ The minister is a natural crisis counselor because of the inherent advantages of his/her position in the community and in relation to those suffering. There is the network of ongoing relationships with family members and other professionals in the community, a history of involvement with the family during previous transition stages and turning-points in the life cycle, and the deep-rooted feeling of trust which many people have for ministers. Also, the minister symbolizes the "dimensions of ultimate meanings"

⁶Clinebell, p. 157, citing Wayne E. Oates, The Christian Pastor (Philadelphia: Westminster Press, 1964), p.1.

and the unconditional caring which the Christian community should express.

The minister's image and identity carry a feeling-content having a supportive impact which hopefully can grow and become truly effective in ministry to the suffering. Specifically, the presence of the minister can bring three identifiable, important results: 1) He/she helps to alleviate the sense of isolation from the mainstream of life and communicates the concern of the Christian community, of him/herself, and of God. Such a communication carries heavy responsibilities to make that presence comforting and constructive; so it is important that 2) the minister can manifest a sensitivity to the inner feelings and unspoken needs of the sick person and his/her family. They should feel affirmed and loved as valuable persons who matter, regardless of the situation they are experiencing. In Christian ministry to the sick and their families, indeed, to any person no matter what their condition, the most important component of that ministry is to believe that every human being is a precious child of God, and to react with that belief, that attitude toward each person with whom one is involved - no matter what the condition of his/her body, mind, or spirit. This attitude should permeate one's responses and feelings in any given situation; in all life. Compassion need never be merited⁷ and 3) The minister also has a responsibility to

⁷Frank Kimper, "Pastoral Care and Counseling," lectures, Spring 1972, School of Theology at Claremont, Claremont, CA.

to help the person and his/her family to relate more meaningfully to God, to regain or maintain some sort of hope, to work through resentment so that it may be replaced by acceptance, and to redeem guilt with forgiveness. The role of awakener of meanings may be crucially important. It is the minister's function to help crisis-stricken people to rediscover the ultimate meaningfulness of life lived in relationship with God, whose steadfast love is real and available even in the midst of tragedy.⁸ Sickness can be a growing experience for all involved. The pastor can be a catalyst in that process.

Finally, it should be emphasized that not only the pastor, but the whole Christian community is called to respond to the suffering of others. In Karl Rahner's words, "By the very nature of being a member of the mystical body of Christ, the Christian is also an active cooperator in the fulfillment of her mission and mandate."⁹ Thus, the congregation and the pastor, the entire Christian community should be involved in responding to the needs of the sick person and his/her family. It is a ministry ordained by Jesus, carried on by the church, and often, only the church, through the ages. The opportunity, responsibility, and the calling remain with us today.

⁸Clinebell, p. 158.

⁹Karl Rahner, Theological Investigation, II:326, cited by John Macquarrie, Principles of Christian Theology (New York: Charles Scribner's Sons, 1966), p. 375.

Chapter 2

ILLNESS AND THE FAMILY

A family is a social organism with its own personality, strengths, and weaknesses, and its own pains and joys. It experiences life as a "functional unity,"¹ as a physical body with specific boundaries and environment, with identifiable needs and vulnerabilities. Thus, when one member of the family is ill, just as when one member of a body is ill, the whole organism is affected. Much has been written about dealing with the individual during illness and dealing with the family during bereavement. Here, I intend to examine the needs of the family during the illness of one of its members, whether death is or is not expected.

First, it will be helpful to understand some of the basic assumptions of family theory. These are drawn primarily from Virginia Satir's books, Conjoint Family Therapy and Peoplemaking.²

A family behaves as if it were a unit. Action,

¹Howard J. Clinebell, Jr., Basic Types of Pastoral Counseling (Nashville: Abingdon Press, 1966), p. 121.

²Virginia Satir, Conjoint Family Therapy (Palo Alto, CA: Science and Behavior Books, 1967).

Virginia Satir, Peoplemaking (Palo Alto, CA: Science and Behavior Books, 1972).

interactions, and reactions occur in order to establish and preserve "family homeostasis," a balance in relationships. When family homeostasis is precarious, members exert much effort to maintain it. The "family map" helps define the elements in this balance:

a) Every member of the family has to have a unique place, simply because he/she is a particular human being, and present. For every family and for every family member, it is crucial that each person's special place is fully recognized, accepted, and understood.

b) Every family member is related to every other family member. Here, again, it is important that these relationships be clearly understood.

c) Every family member affects and is affected by every other family member. Therefore, everyone matters and everyone contributes to what is going on with any one person and has a part in influencing that person.

d) Every family member is potentially the focus of many pulls simply because he/she has so many relationships. What is crucial is not how to avoid the pull, but how to deal with it comfortably.

e) Every family member wears at least three role-hats (example: mother, wife, sister) with which he/she lives and through which he/she lives. What is important is that one is wearing the role-hat that matches what he/she is saying and doing.

The family as a social group must deal with numerous crises during its life together, simply as a result of the passing of time: birth, addition of new members to the family, children entering school, passing through adolescence, leaving home, aging. These crises are expected and happen gradually. Most families are relatively equipped to handle them. But there are times in most families' lives when a sudden and unexpected crisis arises: perhaps unemployment, financial loss, a house fire - or perhaps the illness of one family member, as a result of accident or natural causes. Although only one member of the family is physically affected initially, every member is involved. Anxiety may cause symptoms in other family members, and each person experiences disruption of normal life patterns, as well as sympathy and concern for the ailing member. Individuals, such as medical personnel and clergy are usually aware of the individual's need for sympathy and concern. They are often unaware of or neglect the family-unit's pain and the needs of that unit and its physically healthy members where they are not directly related to the pain and needs of the patient. But if these factors are not recognized and responded to, additional difficulties may develop. The patient is no longer able to fulfill his/her usual roles or relationship patterns, which are either filled by another or left vacant. Family balance is upset in the midst of a stressful situation. Hopefully, the balance will be only temporarily disturbed, and not destroyed.

During illness, outsiders including medical personnel, friends, and often clergy become more intimately involved in a family's pain than at most other times. It therefore seems important that we be aware of the special needs of a family under stress, and possible problem-areas to which we should be sensitive.³ In the section below seven such needs are identified and discussed in order that our understanding of the dynamics operating in a situation of illness in a family may be increased, and that with increased understanding, our response as a Christian community may be more effective.

THE NEEDS OF A FAMILY IN TIMES OF CRISIS

The Need for Preparation

In writing about the aftermath of disasters, Martha Wolfenstein said:

Anticipation involves exposing oneself in imagination beforehand so that the event does not take one wholly by surprise and the edge is taken off its most terrifying effects. The extent that there has not been this inurement in advance, the work of achieving tolerance for the experience afterwards is greater.⁴

Many people prefer not to think about unpleasant things which may very well happen to them. Garb and Eng referred to this

³The needs mentioned assume a relatively "normal" family situation. It is, however, important to remember, that the "normal" really doesn't exist.

⁴Martha Wolfenstein, Disaster - A Psychological Essay (Glencoe, IL: Free Press, 1957), p. 137.

phenomenon as the "delusion of personal invulnerability"⁵:
 "It can't happen to me!" The result is that the shock of the event, and recovery become significantly more difficult. When the unexpected is acknowledged as a reality in everyday life, its coming is not so devastating. Emotional, mental, and material (financial, legal, etc.) preparation increase one's ability to respond appropriately to the emergency situation, as well as lessen some of the ensuing difficulties.

The phenomenon of "preparation" is evident in events for which a given town or area is culturally prepared. For example, Moore noticed this in describing reactions to Hurricane Carla. When certain disasters, in this case hurricanes, are incorporated into cultural expectations of a community, it is reflected in the understandings of the people involved. There is a substantial reduction of the impact of the disaster, emotionally, physically, and in terms of the value of the property destroyed.⁶ This is also true of the reaction of mining communities to mine disasters⁷ and probably also of families of many individuals whose members work in high-risk occupations or occupations where possibilities of disaster

⁵Solomon Garb and Evelyn Eng, Disaster Handbook (New York: Springer, 1969), p. 15.

⁶Barry Moore and others, Before the Wind (Washington: National Academy of Sciences, 1963), p. 130.

⁷H. D. Beach and R. A. Lucas, Individual and Group Behavior in a Coal Mine Disaster (Washington: National Academy of Sciences, 1963), p. 32.

exist (firefighting, the military, law enforcement, the airlines, for example). In the mining community, according to Beach's study, thirteen of the seventeen wives of the trapped men had discussed with their husbands what to do in such an eventuality - and were able to carry on a somewhat normal daily life during the waiting period of the rescue operations. They had access to money for family expenses, understood the family finances, and were prepared to carry on the material areas of life without their husbands.⁸ Such planning takes the "edge" off the most terrifying aspects of the event.

We are all aware of the tendency of people to want to be at the scene of a fire, to be interested in all the "gory details," to participate in what has been described as "convergence behavior" in the case of disasters. Fritz identified this as also a part of the preparation process, in which the individual, probably unknowingly, tries to prepare him/herself to face such unexpected tragedies.⁹ The convergence arises from a need to assimilate happenings lying outside one's frame of reference or realm of experience, and is an adaptive, future-oriented response. Observing another's tragedy permits one to begin an emotional working-through toward increased understanding and acceptance of the

⁸ Ibid., p. 30.

⁹ Charles E. Fritz and J. H. Mathewson, Convergence Behavior in Disasters (Washington: National Academy of Sciences, 1957), p. 49.

realities of the threat of that which is often ignored. It stimulates gradual realization of the possibility of one's own vulnerability, and thus begins to minimize the suddenness of confrontation with danger or tragedy.

The transition of this principle to situations of illness is clear. It is important that families learn to realize that "it can happen to us." Accepting this reality forces commencement of the first steps of the "working-through" process, and thus lessens the impact when (presumably it is more accurate to say when than if) it does happen. It also allows the family to take steps toward preparation for replacing the functions of each individual.

The Need to Be in Contact with Other Members of the Family

In times of crisis, most people seek security in the kinship circle. These reactions are particularly evident in disaster situations. Barton wrote that those individuals separated from their families at the time of the impact of the tornado were more likely to be dazed, shocked, or stunned than those who were with their families.¹⁰ In every disaster study I read, individuals apart from their families when the disaster struck were first and foremost concerned about the welfare of their families. This thought pushed all others from their minds, and until the family was reassembled and

¹⁰Allen Barton, Communities in Disaster (Garden City: Doubleday, 1969), p. 140.

members assured of the safety of all the members or that they were all being cared for, they did not begin to perform other roles, such as offering medical assistance to the community. This need to be in contact with one's family was especially true of parents separated from their children. The child tends to feel safe as long as his/her parents are nearby because he/she still believes in their control over the world and ability to make things right. If the parents leave for more than a brief time, the child is subject to feelings of anxiety and fears of abandonment, which are intensified if there are other frightening experiences occurring simultaneously. During crisis situations, there is also a tendency for parents to want to hold onto their children and keep them closer to home, to close ranks within the family. During the mining disaster described by Beach, most wives kept their children home from school, thus keeping the family unit intact during the waiting period.¹¹

Another indication of the importance of the family group is evident in the decision-making process described by Moore.¹² In evaluating the necessity for evacuation in the face of oncoming Hurricane Carla, it was found that decisions were made by family groups, not by individuals. For any feasible plan to be adopted, it had to win the assent of all "voting members" of the family group, after which dissent

¹¹Beach, p. 27. ¹²Moore, p. 57.

was likely to be overridden. In addition, it appeared that official statements concerning danger were less persuasive than family discussion. The function of an official pronouncement seemed to be to provide the basis for discussion within the primary groups.

Once the family was as intact as possible and necessary decisions were made, the "extended family" became important. During the waiting period of the mining disaster, all wives of the trapped miners joined groups, some going to the homes of relatives or in most cases, the relatives coming to the home of the trapped miner. These contacts were important in satisfying the need to be with others, preferably kin, and of maintaining a stable, supportive, interpersonal environment.¹³

Personal convergence varies inversely with the degree of personal involvement. During the hurricanes, it was found that among those who left their own homes, their first choice for shelter was in the homes of relatives. People have a need to be cared about, not only cared for - and that need can be better met within the kinship circle than in a public shelter.¹⁴

The need for establishing face-to-face or verbal contact appears essential for the relief of anxiety and the distress of "not knowing." Second-hand information, no matter how accurate or how trustworthy the informer, is only

¹³Beach, p. 27. ¹⁴Moore, p. 101.

palliative, not satisfying, Direct contact - sight, hearing, touch - is a potent factor in the relief of anxiety symptoms in the person coming to the scene, and in the emotional reassurance for the victim. A person also must be present in order to fulfill his/her role expectations (an influential factor in the drawing together of relatives and friends who had little or no previous social contact).¹⁵ During the mining disaster, gathering information and social management was accomplished through face-to-face contacts rather than by telephone which was available.¹⁶

When the family has gathered, it is possible for the stronger and less-closely involved members to support the weaker or more directly affected members. It was found that during the period of entrapment in the mining disaster, at least one member of the group remained hopeful at all times, although that person changed from time to time. It was essential that all not give up at the same time.¹⁷ The family can provide its own emotional support system, a process which should be encouraged.

¹⁵Fritz, p. 39. A crisis tends to draw together relatives and friends who had little or no previous contact, into a web of mutual concern and caring. Or in some cases this may backfire, as in situations Glasser and Straus cite, when both the present and past families, with accompanying hostilities, meet at a divorced person's bedside. There is a need for those emotionally involved with the person who is sick to be with that person. A concerned outsider needs also to be aware that those involved may be hostile to one another; Barney G. Glasser and Anselm L. Straus, Awareness of Dying, (Chicago: Aldine, 1965), p. 156.

¹⁶Beach, p. 26.

¹⁷Ibid., p. 56.

When an individual becomes ill, it is important that the family assemble and remain together. The need is innate, and its frustration causes greater difficulties, both during and after the crisis.¹⁸ This "togetherness" refers to all the members of the family. It is rather easy, during a busy and difficult time, to be unaware of the members of the family, especially young children, who are not obvious participants, but are integrally involved in the situation nevertheless. They are very aware that something is wrong with a significant person in their lives and that the people around them are concerned and worried: a frightening situation which stimulates fears of being left alone and forgotten.

Thus, in a crisis situation, the most potent force is the family group, which needs to be recognized as the primary decision-making body and the strongest support system available. Contact or lack of contact with significant others can lessen or increase the feeling of abandonment, desertion, and aloneness. Physical and emotional closeness is protection against those feelings.

¹⁸An example: Robin White wrote an account describing the 14 years during which his oldest son, Checkers, an intelligent, lively boy of 8, deteriorated to a quietly retarded young man of 22, and how his family, including a younger son and daughter, handled living with this situation. Despite the difficulties of Checkers' very presence and the burdens he placed on the family, "For us the trek had been empty in his absence, and we'd cut it short a few days in order to spend the Fourth of July with him." Robin White, Be Not Afraid (New York: Dial Press, 1972), p. 136.

The Need for the Familiar

The familiar is reassuring. Change and strangeness are disturbing and create feelings of insecurity. During a time of crisis, because it is important to facilitate reassurance and security, the familiar should be maintained as much as possible.

Fritz writes that even in the face of continuing threats to life, people may derive greater security from life in familiar surroundings than in unfamiliar but objectively safer places.¹⁹ This became particularly evident during World War II, when children were removed from their homes in areas of England experiencing German bombings. The separation from their families proved more emotionally disturbing than the frequent air-raids and constant physical danger. This fact is also evident in the events mentioned above in that hurricane evacuees seek refuge in relatives' homes rather than moving farther away to a perhaps safer and better-equipped shelter. Bates wrote that often, apparent grief or anxiety, usually attributed to the loss of people or property, may be traced to the disruption of normal life patterns.²⁰ During the mining disaster, family

¹⁹Fritz, p. 32.

²⁰F. L. Bates and others, The Social and Psychological Consequences of a Natural Disaster (Washington: National Academy of Sciences, 1963), p. 55.

routines could be maintained, with the help of friends and relatives. A feeling that despite the existence of a very difficult situation, life can go on in close to its usual manner, with mostly the same people, familiar places, and normal life patterns facilitates coping with the difficult situation.²¹

The Need to be Useful

One factor which has been subject to much study in disaster situations has been the existence of role-conflict among the victims, i.e., situations in which several role expectations fall upon a single individual. These situations also exist in times of crisis in families, too, when an individual is trying to decide what or where he/she needs to be, how he/she can be most helpful.

The miners' wives cited inactivity and not knowing what to do as one of the most difficult things for them to handle.²² In the studies of the emotional problems during hurricanes, too, role frustration has been a problem.²³ When one's home is destroyed, the person who has carried the responsibility for caring for the home is suddenly without a place to carry out his/her normal functions. The same is true when one's employment outside the home is no longer av-

²¹Beach, p. 27.

²²Ibid., p. 30.

²³Ibid., p. 55.

ailable, due to any number of reasons. Role conflict develops when one has obligations to various groups and individuals, forcing a choice, and perhaps resulting in anxiety and guilt concerning the correctness of that choice. Last, there is also the problem with role adequacy or inadequacy, i.e., can one adequately perform the roles he/she is expected or forced to play?

In any time of crisis, the demands of normal everyday life change, and the people involved face a new situation, with different expectations and needs. Inactivity and helplessness are uncomfortable feelings, and most people seek to be active and helpful in some way. The aftermath of these role-problems may be shame and guilt for what seems in retrospect to have been wrong decisions or inadequate performance, in one's own or others' evaluation. It is important to realize that these problems arise, in order to facilitate their solution and to minimize difficulties which may appear later.

The Need to Know

Often, an effort is made to try to protect individuals from unpleasant and difficult facts, under the assumption that it is better not to know, especially if there is nothing the individual can do to improve the situation. But the unknown is often what is the most frightening. In talking with individuals waiting for, or having just received results

of tests or surgery, I have found that they agree fervently when I suggest, "It's the 'not-knowing' that is so hard to deal with." Caine expressed it vividly: "It's what you don't see, don't talk about, that terrifies you. Things that go bump in the emotional night."²⁴ Once one knows, he/she can begin to cope with the reality, to mobilize existing strengths and prepare for the immediate future.

This need is evident in the disaster studies drawn on here. Nine of the seventeen wives of the trapped miners identified the worst part of the waiting period as the inactivity and the "sense of waiting" for days, not knowing what to do. They could not begin the grieving processes and reorganization of their families without a father, nor could life continue as usual. The process of daily life was, in many ways, suspended and there was nothing to do but wait and wonder.²⁵

In his investigation of Hurricane Carla, Moore found that a desire for information about home communities was probably the most vocal of all needs of the people in the public shelters. The emotionality of the returning evacuees seemed to have been aggravated by the fact that they heard contradictory reports concerning conditions in their

²⁴Lynn Caine, Widow! (New York: Morrow, 1974), p. 144.

²⁵Beach, p. 30.

home areas. Not knowing what to expect had prevented them from beginning to deal emotionally with reality.²⁶

Isolation and lack of information act as multipliers to increase panic;²⁷ Fritz also mentioned the "lack of communication" as one of the factors most likely to result in panic.²⁸ In contrast, in the study of the mine disaster, the fact that there was adequate and authoritative information widely spread to the public, was evaluated as instrumental in controlling crowds and reducing anxiety among the population.²⁹ What made the difference was the confidence that whenever information was received, it would be disseminated. It seems that in almost every situation, the "not-knowing" is singled out as the most difficult thing to deal with. "Knowing" allows families to begin to face reality together.

In addition, there are some relational reasons that, in a crisis situation, the family members "need to know." Knowing the truth as soon as possible allows one to begin or continue the preparation process discussed above. Glasser and Straus have found that

Only when the family is aware, for example, can its members help with the intense, constant, physical and emotional care a dying patient requires, or understand new and complicated treatments, or begin to prepare for the patient's death.³⁰

²⁶Moore, p. 118. ²⁷Bates, p. 84. ²⁸Fritz, p. 62.

²⁹Beach, p. 29.

³⁰Glasser and Straus, p. 143.

This also applies to illness in general. It is more difficult for the medical personnel to carry out necessary procedures and to receive the cooperation of the family when the family is unaware of the reasons and significance of what is being done. It is also important that there be open communication within the family. Trying to keep secrets from one another destroys the trust and intimacy within the support system at the time when it is most essential.

If each one tries to keep a secret from the other, they will keep an artificial barrier between them which will make it difficult for any preparatory grief for the patient of the family. The end result will be much more dramatic than for those who can talk and cry together at times.³¹

Glasser-Straus add a bit of caution, however - that disclosure must be made with care and not too early. If the patient's progress takes a turn the doctor's statement seemed to rule out, the family may lose confidence in the doctor's expertise, and the doctor in turn, may lose their cooperation and trust.³²

A family needs to know what is happening to its ailing member as soon as possible, and also needs to share that knowledge within the family. Even the young children need to know as much as they can understand. Their world is affected just as much as that of their elders, and not understanding why is very frightening.

³¹Elisabeth Kübler-Ross, On Death and Dying (New York: Macmillan, 1969), p. 169.

³²Glasser and Straus, p. 120.

The Need to Share

Human beings are social creatures for whom communication and sharing are essential to emotional satisfaction and health. However, too frequently, these needs are repressed, and the resulting difficulties not dealt with openly appear in some other form, at another time.

In a crisis situation, there is apt to be more sharing than would normally be the case. In Barton's discussion of communities on disaster, he wrote that the 1) more sudden the impact, 2) the more people an individual perceives as being deprived, 3) the more deprived that person feels him/herself to be, 4) the more others are talking about their own loss, and 5) the greater the proximity to the crisis, the more one is likely to talk about his/her own situation.³³ Other researchers have observed a general reaching-out to others and a readiness to share one's experiences and resources which lasts for some time after the disaster.

Many of these conditions are absent in a family-specific crisis. If the family does gather, this provides a group experiencing a common deprivation and concern in which the sharing of feelings may take place. Members of the family are all close to the crisis in some way and are

³³Barton, p. 220.

aware that each is feeling some deprivation. Suddenness of impact means more sharing about the events leading up to the crisis and the shock of its unexpectedness. The patient, who is still an integral part of the family, should be included in this sharing if he/she is able. And the "sharing" should include both verbal and physical (tears, etc.) expressions of feeling. Wolfenstein wrote that the inability to react adequately to a sudden extreme event at the moment when it strikes, when the influx of strong stimuli is more than one can assimilate, makes for delayed reactions. The tendency for denial, which may persist for some time afterwards (as in feelings that it is all unreal), contributes to the same effect.³⁴ Unfortunately, our culture has encouraged stoic and dignified acceptance of whatever comes to pass, and has not encouraged adequate and emotionally necessary expression of feelings. These feelings are consequently repressed, but they do not disappear.

It is also important that these communications be open and honest.

We often hear relatives proudly say of themselves that they always tried to keep a smiling face when confronted with the patient, until one day they just could not keep that facade any longer. Little do they realize that genuine emotions on the part of a member of the family are much easier to take than a make-believe mask which the patient can see through anyway and which means to him a disguise rather than a sharing of a sad situation.³⁵

³⁴Wolfenstein, p. 41. ³⁵Kübler-Ross, p. 150.

Ironically, families that have warm and sharing relationships during normal life suddenly put on the facade of a happy face at a time when honesty and depth in the relationships are needed more than ever before. James Ashbrook described the situation of a doctor with chronic heart disease, which, for years, he refused to admit or accept. "As a consequence, his life lacked balance. Human relationships were distorted by secrecy and mental isolation. Once the disease was acknowledged, this all changed."³⁶

Only as the patient is supported by communion with others will his recreating resources be mobilized. There must be the reality of genuine concern and care . . . He needs experiences of understanding love to help him overcome his sense of loneliness and separation from others.³⁷

Sharing is also important in avoiding feelings of guilt and regret after the crisis is passed. Kübler-Ross wrote that both the patient and the family are likely to experience anger.³⁸ Some guilt-producing situations have been described above. Guilt may also arise from simply having remained healthy while a loved one was ill. Expressing these feelings and receiving "feed-back" from others involved, can be very therapeutic. Robin White described such a situation involving his sons:

I sat down at the kitchen table with him [Parker,

³⁶ James B. Ashbrook, "The Impact of the Hospital Situation on Our Understanding of God and Man," in David Belgum (ed.) Religion and Medicine (Ames: Iowa State University Press, 1973), p. 74.

³⁷ Ibid., p. 74. ³⁸ Kübler-Ross, p. 169.

another son]. . .as we talked, the feeling poured out of him, he wished it had been him instead of Checkers, he wished he had been a few steps closer in order to have caught Checkers in time. And I told him that Checkers would not have been alive if it had not been for him, and I pointed out that if he had been closer there would only have been two badly cut boys instead of one. Thus, we talked and talked and talked until I knew it was all talked out of him.³⁹

Finally, because guilt is often expressed in religious terms, sharing with a clergy-person may be especially helpful in relieving guilt-feelings.

The Need for Meaning

"Existential anxiety - the threat of nonbeing - is present in all crises."⁴⁰ When a crisis comes, when normal, everyday life takes an unexpected, undesirable turn, human beings almost always ask, "Why, what does this mean?" We are brought face-to-face with our own vulnerability and finitude. We also seek to understand the meaning of this confrontation.

Drayer identified the "meaning" of a catastrophe to a group or individual as being more important than all other factors which influence the effectiveness of the response to the crisis.⁴¹ If personal suffering can be rationalized as

³⁹White, pp. 154-155.

⁴⁰Clinebell, p. 169.

⁴¹Calvin S. Drayer, "Psychological Factors and Problems, Emergency and Long Term", in DeWitt Smith (ed.) Disasters and Disaster Relief, "Annals of the American Academy of Political and Social Science, CCCIX (1955), 152.

sacrificial contribution to some prized value, such as national survival during wartime, the impact of that suffering appears to be greatly mitigated.⁴² It is the seemingly meaningless suffering that causes the greatest existential anxiety and is most difficult to accept.

Contact with illness brings into sharp focus our own hopes and fears, doubts and faith, especially when, as in a family, those hopes and fears are tied up in personal relationships with the person experiencing illness. One's livable, reasonably well-ordered world falls apart around one, and he/she seeks to understand why. Very often this quest is shaped in religious terms - Where is God? Why doesn't he answer my prayers? Is this punishment for something I or some member of my family has done? James Ashbrook believed:

If we were to pick out the dominant preoccupation and concern. . .confronting us in the hospital, it would seem to be concern with restoring man's health, binding up the brokenness that he might be whole again. . . Healing depends upon an individual's capacity to discover the meaningfulness of his disease and thereby restore the dynamic wholeness to life.⁴³

It is here that religious concerns are especially explicit and must be faced. To "side-step" the issue is destructive. Assigning of blame to other persons, oneself, or God may also occur, but blaming or scapegoating is rarely constructive.

Thus, when a family member becomes ill, that person

⁴²Moore, p. 129. ⁴³Ashbrook, pp. 71-72, 75.

and all other family members are confronted with their own vulnerability and must examine the questions of meaning and purpose in their lives. And these questions when faced head-on, can contribute to making the crisis a constructive rather than a destructive experience. As Victor Frankl often quoted Nietzsche: "He who has a why to live can bear almost any how. . ."⁴⁴

Because this is the most difficult and complex of the seven needs to deal with, and because it is an area in which clergy and the Christian community can be especially helpful, it is dealt with extensively later.

OTHER FACTORS IN DEALING WITH ILLNESS IN A FAMILY

Cultural Differences in Facing Illness

There are, of course, innumerable variables in dealing with different families and the individuals within them because every human being and every human relationship is unique. These variables constitute one of the reasons it is so important never to second-guess or predict what another person is or should be feeling.

Ethnicity is one influential factor. In his book, People in Pain, Mark Zboroski studied how different cultural and ethnic groups cope with pain. Old Americans (people

⁴⁴Victor Frankl, Man's Search for Meaning (Boston: Beacon Press, 1959), p. xi.

whose families have been in America for at least four generations and are of basically Anglo-Saxon descent) tend to complain only when it serves a clear purpose, such as describing symptoms to a doctor or nurse. Other times, when they show pain, they apologize for such a reaction, describe it defensively as involuntary, and/or feel rather ashamed. Such a patient tries not to complain to his/her family in order to avoid worrying them. There is so strong a desire to behave "correctly," such a concern for approval, that only when alone can the patient release control over his/her emotions. Thus, as the need for release becomes greater, the patient begins to withdraw from friends, family, people in general. Withdrawal also may develop out of fear of being a nuisance. As the patient becomes dependent on others' care, and can no longer be self-reliant, he/she begins to feel like an emotional and financial burden to the family, whether they see it that way or not. Lack of understanding of treatment increases the patient's anxieties, which the family may also pick up. The "Old American" wants to do something. Inactivity and passiveness come very hard to such men and women, and produce discouragement and depression.⁴⁵

Jewish people, on the other hand, express and describe their pain without inhibitions or shame. They complain, because they believe it does help, but complaining fulfills

⁴⁵Mark Zbroski, People In Pain, (San Francisco: Jossey-Bass, 1969), pp. 49-96.

its function only when there is a responsive person on hand to hear. When there is no one present, tears express loneliness and helplessness. For the Jewish family, the sick person has priority. The whole family participates in the illness, because the emotional impact of illness on a family is so great that other members identify with the patient to a great extent. All feel with the patient, as his/her pain increases and decreases. Because family members are not expected to be able to care for themselves and their daily needs, food, young children, and financial matters are handled by neighbors and friends. Among Jewish patients, their imagination is usually much worse than the reality of the illness. Anxiety is so strong that they may go to several doctors to check a diagnosis. But the final decision rests with the patient, who sees him/herself as the ultimate authority: the patient knows best. The Jewish response to illness reflects a value system in which one can depend only on oneself and one's family in matters of life and death. Pessimism seems to prevail, even in health.⁴⁶

Italians cry because they understand tears as a natural part of the pain-experience. The body needs an outlet; therefore, don't stop the tears. A man will not complain to his wife because he doesn't want to worry her and believes

⁴⁶Ibid., pp. 97-135.

that he can assume that his wife sympathizes with his sufferings enough so that it is unnecessary to complain to get the attention he needs. The Italian expresses a great concern for the peace of mind of the family, and tries to refrain from crying or moaning in their presence. Only outside the family, where the patient is unsure of the sympathy that is part of the family atmosphere, does he/she complain. For the Italian, there is no sense to suffering. Depression is associated with pain. Mood reflects presence or absence of discomfort. The patient is very important. It is assumed that the family will care for the patient; thus, he worries only about his pain, not whether he will be cared for or not. With illness in an Italian family, the strength of group ties provides security in the face of illness. There is an awareness of love, solidarity, and acceptance which allows the Italian patient to experience pain without much fear and anxiety concerning its significance and to react mainly to its emotional quality.⁴⁷

The Irish suffer. And they want to suffer alone and in silence, refusing to share the suffering or pain. Everybody has his/her own troubles so there is no sense in burdening others with yours. There seems to be an inability to communicate concerning one's pain. Yet, there is very real concern about the cause of the pain, not for its own sake,

⁴⁷ Ibid., pp. 136-186.

but for its implications concerning the future. As long as an Irish man or woman has strength and health, he/she can work and care for the family. When illness prevents that, the pain becomes a concern, a real problem. No help is expected in the struggle with pain; even from among the closest family and friends. It is unlikely that one will find a supportive action or word. The "everyone for himself" attitude produces feelings of independence and self-reliance; also, loneliness and isolation. Although the Irish express emotionality in other situations, illness seems to be the exception. Zbroski wrote that illness had brought feelings of guilt about family relationships and behavior to the surface in some of the Irish patients he talked with, subsequently producing remorse and desire for atonement. They expressed gratitude to him for the opportunity to express those feelings. The need to share was still present, but cultural inhibitions had buried it.⁴⁸

Certainly other ethnic groups also have characteristic responses to sickness and pain. These four responses can be helpful primarily in alerting us to the differences in understanding of illness among different groups of people. Zbroski found that second and third generation ethnic-background families strive to become more like the Old Americans because that cultural pattern has become the approved

⁴⁸Ibid., pp. 187-235.

norm in our society. But we should always be aware that these differences exist, and are part of who the person is and how that person's family functions. Also, we need to remember that that is not the whole story. Each person, regardless of his/her ethnic background, is an individual, unique and different from others in his/her family or ethnic group.

Illness and the Life Cycle

How individual members of a family respond to illness and what their particular needs are in a given situation can be more closely specified through examining Erik Erikson's concept of the Eight Ages of Man.

From the time of birth to approximately fifteen months, an infant is working through the psychosocial crisis of "Trust vs. Mistrust." Especially significant during this time is the relationship with the mothering person or persons. If an illness strikes that person, or that person's presence is decreased or removed because of his/her responsibilities to be with the ill person, it may disrupt the positive resolution of trust and mistrust. It is, therefore, very important, that infants have a trustworthy mothering person who can be depended on to be present when needed.⁴⁹

The psychosocial crisis of the next two years is

⁴⁹Erik Erikson, Childhood and Society (New York: Norton, 1950), p. 249.

"autonomy vs. shame and doubt." All parental persons are significant during this time. The child learns to choose, to appropriate demandingly, to eliminate stubbornly, to say "NO!" The child needs to know that there are limits to the things he/she may do, but also that the new autonomy and independence will not lead to undue self-doubt or shame. Here, it is important that the basic trust be maintained, and also that the child not be made to feel responsible for or a nuisance during a situation of illness.⁵⁰

From 2½ to 6½ years, approximately, a child is working on "initiative vs. guilt." The danger of this stage is a sense of guilt over the goals contemplated and acts initiated in exuberant enjoyment of new locomotor and mental power.⁵¹ A child at this time is eager and able to cooperate in making things, to emulate ideal prototypes, and to do things with other children and adults. During a crisis situation, it should be remembered that a child of this age especially, does want to feel he/she is able in some way, to contribute to the amelioration of the problem, and will not appreciate being "put out of the way" with no explanation or a fake explanation.

From 6½ to puberty, the child begins to win recognition by producing things. This is the stage of "industry vs. inferiority." Danger lies in a sense of inadequacy or

⁵⁰Ibid., p. 252. ⁵¹Ibid., p. 255.

inferiority, which may be aggravated by a crisis situation in the family which makes him/her feel inadequate, "too young to understand," or "in the way."

Next comes adolescence, when youth are coping with the questions of "identity vs. identity diffusion." The youth is intent upon developing his/her personality. He/she is trying to discover his/her own potentialities, to form an image of his/her own self, as a young adult and as a man or woman, apart from parents and other adults, yet still in relation to the society and environment in which he/she lives, especially with peers. At this stage, during a crisis, youth will probably prefer to be treated as adults, with adult responsibilities and opportunities for participation in what is going on. Although this is a time of vacillation between behaving as a child and behaving as an adult, in stress situations, youth are quite able to perform on an adult level, and they appreciate being respected and treated in that manner.

During young adulthood, energy is primarily directed toward the "search for intimacy and solidarity vs. isolation." Young adults are usually not closely involved in family situations at this time. The danger of this stage is that an individual may choose isolation, especially if there have been difficult experiences, such as loss, which may occur during crisis situations, with intimacy.

Middle-adulthood focuses on "generativity vs.

stagnation." Children and jobs are especially important during this time. The adult needs to be needed, to produce and to care for - all needs which are especially relevant to a crisis situation.

The final stage of life, "integrity vs. despair," brings with it questions of "What did it all mean" and a need for feelings of integrity and dignity. Thus, in a crisis situation, the elder members of the family also should not be "protected" or put out of the way in order to facilitate handling the problem more quickly. Since it is often these family members who are ill, it is very important that their need to maintain their dignity and their need to be needed be respected during their illness.⁵²

Throughout one's life, one is passing through these stages at various levels and intensities. Only the most common time for the most intense focusing on a given psychosocial crisis in the age-range has been given here. However, the crises are never completely resolved; they must be continually worked through. If the resolution the first time was negative, it is possible to work it through at another time toward a positive resolution.

Several general principles emerge from examining these stages: Every individual, no matter what his/her age, needs to be treated with respect and concern, needs to feel

⁵² All the above section is drawn from Erikson, pp. 247-269.

useful and not forgotten or pushed aside. Each person's preciousness, importance and dignity needs to be affirmed and supported at all times. An illness in the family is certainly no excuse to ignore or devalue those needs when they may be felt most acutely.

Children and Illness

There have been many studies made in an effort to discover what effect illness and temporary or permanent separation of a young child from his/her parents has on later life and what effect the child's illness has on the parents. What seems most significant is to realize that there will be an effect of some sort and that what is important is to minimize the detrimental effect.

In his study of the reactions of children in a disaster, Perry drew several conclusions also confirmed by other researchers. A child tends to re-establish earlier types of relationships with parent-figures - "to regress" - such as increased dependency needs and a desire to remain close to the parent and close to home. The parents' response to and way of handling the disaster (a tornado), is very influential in the child's response. In daily life, a child takes clues to behavior from his/her parents; this is true in times of stress, too. At such times, parents should be present and supportive. There are some parents, however, who demand help for themselves from those around

them, including their children. Such a response creates disturbances later in the children, although they do respond as their parents demand at the time.⁵³

Communication and honesty are also extremely important. Initially, children tend to know what they need. The older they become, the more self-knowledge is trained out of them through discouragement and lack of affirmation for their self-expression (for example, the dictum that "a strong person does not cry").⁵⁴ In Perry's study, it was found that parents had much difficulty answering their children's questions about the tornado, especially when the questions involved the death of their playmates or other children. Consequently, they would lie to children, ignore their questions, or deny the reality of what had happened; hence, prohibiting the open discussion of issues very much within the awareness of the children. Since the parents thus communicated that one could not openly discuss the experience, the disaster came to seem even more frightening to the children.⁵⁵

It is important for a child not merely to have open communication with his/her parents, but also to be

⁵³Stewart Perry and others, The Child and His Family In Disaster (Washington: National Academy of Sciences, 1956), p. 31.

⁵⁴Harvey Jackins, The Human Side of Human Beings (Seattle: Rational Island, 1965), p. 55.

⁵⁵Perry, pp. 35-38.

able to depend upon them for a consistent attitudinal framework in the family for the discussion of the tornado. Shifting attitudes and anxious vacillation was also upsetting. The ominous silence and unpredictable or untrustworthy responses from those adults on whom they depended for support and information concerning the experience of living were more harmful to the children than the actual experience of the tornado.⁵⁶

Children need security. They need to be included in times of crisis and to have their questions answered. Otherwise, their fears may simply grow out of all proportion. John Bowlby reports the results of an experiment of foster-parenting in which four infants were left, at different times, with one family while their mothers were hospitalized during the birth of their second child. Before the time of the hospitalization, the foster parents visited the child in his/her own home, and during the separation, the fathers of each child visited him/her in the foster home. The length of separation was 10, 10, 19, and 27 days, respectively, for children ages 28, 17, 21, and 29 months. Despite the precautions, all four children showed unmistakable signs of strain and from time to time they clearly were aware of the absence of their mothers. These signs included yearning and searching for her, sadness, increasing protest at her

⁵⁶ Ibid., p. 37.

absence and growing anger with her for staying away, increased ambivalence on return home, and evident fear of being separated again. Bowlby concluded:

Their experience has served to reinforce the view . . . that separation is dangerous and whenever possible should be avoided. . . Whether a child or adult is in a state of security, anxiety, or distress is determined in large part by the accessibility and responsiveness of his principal attachment figure.⁵⁷

A very young child (all of those in this example were within the first two stages of Erikson's life cycle) is not aware of the passage of time and does not really understand why the principal attachment figure is absent. He/she does understand, however, that the person is missing. That this awareness is very much present, and disturbing, should be remembered by families and other involved persons in a time of illness. Although the separation may be unavoidable, special effort can be made to make it as innocuous as possible.

There are additional difficulties when the young child him/herself is hospitalized. The stress of a child's illness is such that, in Steven Kline's research, for example, about 70% of the families of children with leukemia divorced or separated within the first year after diagnosis.⁵⁸

⁵⁷ John Bowlby, Separation - Anxiety and Anger (New York: Basic Books, 1973), II:22-23.

⁵⁸ Steve Kline, "Children Who Die and A Doctor Who Fights," Los Angeles Times (December 17, 1973), Part II, p. 1, Column 6.

Effects on all the family are inevitable. In the white family,

As a result, Parker and Shelly, then in fourth and first grades, had frequent 'stomach aches' and were quick to tears. After a difficult session with Checkers, . . . sometimes I would be moody over supper or snap at minor things, and Marny [his wife] would be easily fatigued, joyless in her work. . . the signs of strain were telling on us all.⁵⁹

Both younger children took a good bit of abuse from other children who knew Checkers but were afraid to pick on him. But "what tore us was the totality with which his presence consumed the family. . . there was the strident, continual, domination of us all."⁶⁰ Illness of one affects the whole family; that is true in a special way when the sick member is a child.

Anna Freud (1952) discussed what occurs in the ill child him/herself. First, there is a change in the way the parents respond to the child, emotionally and physically, so that the child experiences increased and unexpected handling, such as forced feeding and forced bowel evacuation. The reaction will likely be a feeling of helplessness and bewilderment, because behaviors which formerly were strictly forbidden are now encouraged. His/her wishes may be unexpectedly indulged, which makes it difficult to return to old patterns after recovery. The experience of being cared for in these ways may be detrimental to a

⁵⁹White, p. 61. ⁶⁰Ibid., p. 19.

child's development because they have just been recently mastering various bodily functions and learning acceptable behavior when standards and expectations are changed dramatically. He/she experiences loss of control in many areas where control was only recently learned, which results in a pull toward regressions and greater passivity. Kliman summarized her findings as follows:

Two extremes of pathology may result. Children whose defenses against passive learning and regressive pulls are very strong tend to become very obstinate, intractable patients. Others may lapse into a state of helpless infancy from which they reluctantly or never fully emerge.⁶¹

L. Jessner added documentation and confirmation to Freud's work, and concluded that since a child's parents are devalued through their helplessness to prevent the child's suffering and also are separated from the child, a kind of grief reaction occurs on both sides. Temporary regression - return to a simpler state of organization - is likely to occur in the adaption and response of a child to any emergency. The final outcome, however, through reincorporation of the loved person, may spur maturation and improve realistic relations between the child him/herself and the parents.⁶²

During the emergency situation within the family, the child has an important need to know and a need to share in what is going on around him/her. Children observe strange

⁶¹ Gilbert Kliman, Psychological Emergencies of Childhood (New York: Grune and Stratton, 1968), p. 13.

⁶² Ibid., p. 14.

things going on. Family patterns and expectations are no longer predictable. If it is the child who is ill, many things are happening within and being done to his/her body which don't make sense in the world as he/she had come to understand it. Without explanation, the child begins to feel isolated, to believe that others are not aware of what is happening in his/her own world, to feel that what is happening is "too awful" to talk about - all of which work together to form a space not at all comfortable to be in. "The child quickly notices that people whom he had previously trusted are now keeping something frightening from him."⁶³ Since this emergency is the most important thing occurring within the family during this time, being unable to discuss it effectively isolates the child from all that he/she had come to know, trust, and love - at the time when familiarity, honesty, contact, and caring are most crucial.

The National Cancer Institute has found that:

Children wait for adults to show a readiness to anticipate and deal with their serious concerns. Only then will they reveal the pre-existing worry. Vernick and Karen also caution that the child who is gravely ill is 'worrying about dying and is eager to have someone help him talk about it.' If he is passive, it may only be a reflection of how little the environment helps him to express his concerns.⁶⁴

Discussing such situations are difficult for the adults who are significant to the child because of their own anxieties and fears and their involvement with the child.

⁶³Ibid., p. 28. ⁶⁴Ibid., p. 29.

Because it is "untimely," it is especially hard to accept the terminal illness of a child. But with both children and adults, even just having the issue "in the open" for discussion makes it less frightening. The child should be encouraged to express his/her feelings and share what is causing anxiety. "Overcontrol of fear, suppression, denial, and avoidance of anxiety-related topics are measures which are liable to 'collapse with a bang.'"⁶⁵

It must be remembered through all of this, however, that the person experiencing all these emotions is a child. Children's understanding of illness and separation is incomplete. Their expressions of anxiety and sadness are brief and

Small in quantity compared to adult outpourings. Children are thus often thought to be lacking in feeling, although careful investigation reveals that their emotions are profound and often more fatefully long-lasting than those of more quickly-mourning adults.⁶⁶

Kliman also cautions against giving a child more information than he/she can cope with. As with all powerful medicines, he wrote, the smallest doses should be reserved for the smallest children. But also as with medicine, the child, too, is a human being who experiences pain and distress, and needs to receive honest and appropriate response to that pain.⁶⁷

One final aspect of a child's need to share should be mentioned: that children feel the emotions of guilt

⁶⁵ Ibid., p. 18. ⁶⁶ Ibid., p. 27. ⁶⁷ Ibid.

even more intensely than other persons if they happen to be young enough to imagine they are magically responsible for the person's illness. (For example, if a child said in anger, "I wish you were dead" and the person becomes ill, that child may feel responsible for that illness.) Thus, it is very important that they be encouraged to verbalize this guilt and be reassured that it is unfounded or forgivable.

Crisis within a family is a time when there is both danger and opportunity. During such a time, family relationships may deepen and grow - or may become more and more superficial as communication channels are increasingly closed off. It can also be a time when children, especially, suffer from the disturbance in normal family life, of which they are very aware, if uncomprehending. It is, therefore, very important to be aware of their needs too when responding to a family experiencing the illness of one of its members.

Chapter 3

THEOLOGICAL CONCERNS IN DEALING WITH ILLNESS IN A FAMILY

EXISTENTIAL ANXIETY: DEALING WITH MEANING IN SITUATIONS OF ILLNESS

Serious illness which threatens the quality of one's life, and even life itself almost inevitably brings us the age-old questions of "Why?": Why me? Why do I suffer? Why did this happen to me? Why doesn't God intervene? In fact, where is God: All those who are closely involved with the situation of illness may be asking such questions. John Hick wrote that usually the religious or philosophical problems of suffering are more acute for those people around the patient than the patient him/herself, because he/she is absorbed in the task of suffering itself.¹ Nevertheless, any time the minister responds to a situation of serious illness, he/she must be prepared to deal with questions from patient or family concerning the meaning of what is going on and how it relates to the "God of Love" preached about in "normal" situations. If such questions are asked, they should be dealt with head-on; sidestepping destroys credibility which, if lost, minimizes the effectiveness of anything else the minister may try to do.

¹John Hick, Evil and the God of Love (London: Lowe & Brydone, 1966), p. 10.

In this section, therefore, I am trying to face, head-on, the problems of suffering and evil. Many philosophers and theologians have worked on this problem, but most treat it as an abstract concept. I want to try to deal with it as it confronts individuals around a loved one's bedside. In order to do this, I have drawn on some theologians and on several accounts written by family members intimately involved with the suffering and with working out their personal understandings of the "why's" in relation to their own anguish and their own faith. I have included some accounts of situations of death - because they either were preceded by a long illness or they seemed especially relevant to this question, or both.

Hopefully, from this section will come some means of coping with these questions in such a way that it will enable a pastor to approach suffering with that "contagious conviction" that God is still present and loving, and to be able to confront and deal with the inevitable questions that arise, from the patient and his/her family.

The Minister's Own Clarity

Although it is very possible that the patient may ask very difficult questions, abstract theologizing is not really what is called for at that time. Philosophical argument brings cold comfort to the very present suffering which is filling his/her days and nights. What is important is not

that the minister offer such easy answers as "It's God's will" or "Everything will be all right," but that the persons have the opportunity to ask those questions and express the emotions connected with them, that it is clear that the minister is willing to listen, and to acknowledge the normality, the validity of the questions and emotion. Even for that process, it is essential that the minister be clear within him/herself about the "answers" to such searching for his/her own self. As Cabot and Dicks expressed it,

Intellectual clarity makes the minister firmer and more comforting in his dealings with illness, even though he never argues. Like the underpinning of a house, solid theological convictions can be serviceable though never displayed. Postpone the discussion of the problem of evil, then, until after the patient is well, but be everlastingly sure that you postpone it because of the patient's weakness and not because of your own.²

Anger and Questioning: Some Examples

Before beginning to examine the problem of evil, let us look at several examples of real-life situations in which this problem is present in very much more than a philosophical way. We will see clearly how the confrontation with illness and death brings one face-to-face with the agonizing questions of "why?"

Catherine Marshall was the wife of a very strong and famous minister. She had believed her faith was real, deep

²Richard C. Cabot, M.D., and Russell L. Dicks, B.D., The Art of Ministering to the Sick (New York: Macmillan, 1952), p. 25.

and strong; she had lived "close to God." But the tragedy of her husband's death upset the balance, rocked the foundations on which her life was based.

When life has tumbled in and we sit in the wreckage - stripped, dazed, with all life's values askew - our hearts full of questions about these ultimates, we question ourselves. We question life. We question God. We even have moments of doubting the existence of God. . . How could a loving God have allowed this to happen to me? How am I to get my questions answered, my values straight again?³

C. S. Lewis was a man renowned for his Christian faith and a prolific writer of much theological and devotional literature. In the early days of adjusting to his wife's death, he also demanded what had happened to his "God of Love" about whom he had literally written volumes:

Talk to me about the truth of religion and I'll listen gladly. Talk to me about the duty of religion and I'll listen submissively. But don't come talking to me about the consolations of religion, or I shall suspect you don't understand. . . If God's goodness is inconsistent with hurting us, then either God is not good or there is no God; for in the only life we know, He hurts us beyond our worst fears and beyond all we can imagine.⁴ Sometimes it is hard not to say "God forgive God."⁴

Such feelings may take the forms of rage and despair. James Angell, in his little book describing the ways he worked through his grief following his daughter's sudden death, recounted:

Late one afternoon, I went to Oak Park Cemetery alone. . . but instead of some soft angelus, I heard in-

³Catherine Marshall, To Live Again (Carmel, NY: Guideposts Associates, 1957), p. 25.

⁴C. S. Lewis, A Grief Observed (New York: Seabury Press, 1961), pp. 23-25.

side me noisy sounds of rage. I felt anger, bitterness, resentment. And through tears that would neither break through the dam nor withdraw, I remember shouting: 'God! Why didn't you wake her up! Why didn't you!' Red-eyed, spent, and even sorer of spirit than when I came, I went back to my car and sat there until all around me was fully dark. At that time, I would have found it impossible to believe that there was any way at all out of Grief Valley.⁵

(Notice that in his talking with God, he doesn't punctuate the questions with question marks. Those shouts are demands!) Even people who have no really active or working faith in God hold him responsible for things over which they have no control, and blame him for suffering which affects them. Lynn Caine, in describing her reaction to the dying process of her husband, cried out

Martin was a fighter. "Fuck you, God!" I screamed it a hundred times a day. Let him die! Let me get on with life!" I was daring God and I knew it. I didn't know how I could live after Martin died. All I knew was that I had to. I had two small children. . . But I didn't cherish my children. I hated them. I hated those kids. Hated them! They were too much. When Martin was gone, how would I take care of them, what would I do. Who would marry me? What would become of me? Okay, you smartass God up there, what WILL become of Me? You don't have the answers do You? And You're supposed to be so almighty.⁶

Anger, fear, frustration; almost, if not in fact, panic.

Also evident in the above quotations another important factor in understanding families experiencing illness: anger toward other family members, in this case both her

⁵James W. Angell, O Susan! (Anderson, IN: Warner Press, 1973), p. 50.

⁶Lynn Caine, Widow! (New York: Morrow, 1974), pp.57, 58.

husband and her children. Caine is angry with her husband for putting her through all this; with her children for being dependent on her. Feelings of impotence lead to anger. Relationships are a major investment of time and emotional as well as physical energy. When a person in whom one has a large investment is seriously ill, in pain, and causing the other person pain, anger is a natural reaction. It is as though you are being punished for becoming involved, for loving and receiving love. There is anger at being deserted. And anger at not understanding why.

These illustrations provide us with some idea of the depth, intensity, and nature of the existential questioning we may come in contact with. Now, let us begin to deal with it.

Historical Treatment of the Problem of Suffering

The problem of evil and suffering has been with us since the beginning of time. In our Judeo-Christian tradition, the earliest discussion of suffering and its philosophical causes is found in the Old Testament book of Job. Although his friends claim such suffering must be punishment for some grievous sin, Job asserts his own integrity and righteousness in his relationship with God. Thus, Job has the problem of seemingly undeserved suffering, and he demands an answer from his Maker.

Job seeks to comprehend the justice of God by human standards, is thwarted and baffled, and then finally

overwhelmed by God's display of all the mysteries and majesties of creation which are obviously beyond human comprehension. . . All Biblical theism contains the suggestion that God's will and wisdom must be able to transcend any human interpretation of his justice and meaning, or it would be less than the center of that inclusive meaning which alone can comprehend the seeming chaos of existence in total harmony. This surely is the significance of the message of the Book of Job.⁷

As the writers of Inquiry said, "His hurt pride is replaced by a penitent spirit of trust."⁸ The story of Job, despite the incompleteness of its answer, does make it clear that Job was not being punished for something he or his family had done. And Jesus, too, points this out when he states that people killed by the falling of a tower were not struck down because of their sins.⁹ Here, the answers to the questions of suffering are, essentially, "you cannot understand everything; just trust in God and his life and wisdom." Somehow, it seems to me that that response would not be enough to satisfy someone who was really trying to understand how suffering fits together with that divine love and wisdom. It seems to say, "You have no right to question what happens to you." Not only is that unsatisfying; I don't believe it. I also

⁷ Reinhold Niebuhr, The Nature and Destiny of Man (New York: Charles Scribner's Sons, 1964), I, 168.

⁸ Joint Committee on Confirmation Resources of the United Methodist Church, Inquiry (Nashville: Methodist Publishing House, 1970), p. 20.

⁹ Luke 13:4,5. Illness, however, may be related to a sense of guilt on the part of the patient, whether or not the person is guilty in our eyes or the eyes of God. Thus, the minister must be aware of that possibility and be prepared to encourage confession as part of his/her priestly role (more on that later).

would not want to have to tell another person that that was the only explanation I had for their penetrating questioning "why?".

Neither was the answer of the book of Job enough for the early Christian fathers. From their searching have come two primary strains of philosophy concerning evil:

1) Augustine understood evil as a punishment for sin. Because every human being inherits Original Sin, no matter how well one lives, there is still sin for which to be punished.

2) Irenaeus understood evil as a cause for grace. No matter how bad the situation appears, good will triumph in the end. There was, of course, much, much more to these arguments of Irenaeus and Augustine, and many other theologians have expanded on their theories. But since the purpose of this section is to discover ways of applying theology to real-life situations of the sick-room, I won't explore them further. It seems to me that in the face of actual pain and suffering, telling someone today that he/she hurts because of Adam's sin, or that "everything will be all right in the end" is not particularly comforting. Griffin addressed the problem in this way:

In earlier days, the basis for accepting the truth of the Christian faith was primarily authority, not the adequacy, consistency, and illuminating power of the Christian perspective. But in our day, it will be increasingly seen that this latter complex of criteria constitutes the only acceptable basis for adhering to the Christian faith. Hence, consistency among its various doctrines will be much more important than it seemed in the past.¹⁰

¹⁰David Griffin, "Philosophical Theology and the Pastoral Ministry," Encounter, XXXIII, (Summer 1972), 234.

Our times are different now. The answers of Job, Augustine, and Irenaeus are only places to begin, not conclusive answers to existential questions of "why?" Thus, we must explore further to find ways of satisfying those questions which will work for twentieth century men and women.

More Contemporary Theology

David Griffin contends that the process view of God's causality avoids the contradictions entailed in the view that God determines all events. The problem with the latter is that even though it provides every event with some sort of purpose and meaning, it ultimately means denying the reality of "evil." For individuals who feel in every nerve of their bodies that they are experiencing evil, this lacks relevance and the ring of truth. A second alternative is that there is no divine causation in history, a view which either denies God's existence completely, or which denies his continuing and personal involvement with his creation. The process view of divine causality insists that God does not totally determine all, or even any, worldly events. His power is persuasive, not compulsive. God is never the only efficient cause of any event ~~but~~ is always one of many influences. That individuals have the power to choose how to respond to various efficient causes, including God, is integral to the Christian belief of human free will. But there are no events in which God is not involved. Griffin calls this

"universal persuasive influence." He quoted Reinhold Niebuhr as describing this position exactly:

The patience of the creative will is a necessary characteristic rather than a self-imposed restraint. There is a stubborn inertia in every type of reality which offers resistance to each new step in creation, so that an emerging type of reality is always in some sense a compromise between the creative will and the established facts of the concrete world. Whether we view the inorganic world, organic life, or the world of personal and moral values, each new type of reality represents in some sense a defeat of God as well as a revelation of him.¹¹

God is not all-determining, but neither is he absent and apathetic. Yet, "God's causality, working patiently and step by step, has been tremendously effective."¹² When asking the question "why?", we can begin to see that evil and suffering are not necessarily caused by God. We can still be assured of his concerned presence.

In this world, we seem to be able to count on certain "laws of nature" to be predictable and consistent. We live in a universe in which certain things can be expected to happen. The "laws of nature" that control the functioning of the universe sometimes result in tragedy, but are nevertheless necessary for the maintenance of any life and happiness. Electricity, gravity, water, heat - all are predictable forces and operate according to their own unique characteristics whatever the situation. Objects fall down. The

¹¹ Ibid., p. 240, citing Reinhold Niebuhr, Does Civilization Need Religion? (New York: Macmillan, 1923), p.9.

¹² Ibid., p. 242.

sun rises in the east, every day. Seasons come with such regularity that farmers can know when it is best to plant and when to reap. Fire is hot: it can warm or burn, cook or destroy. If one is going down a hill, a person traveling in the opposite direction must go up. Life is temporal and finite; death is an integral part of it. All life is subject to such physical laws. We must accept that there is a certain amount of risk in living in our world. Not everything is tied up in a neat, attractively wrapped package. Yet that does not mean that there is no hope for good, for joy. As Macquarrie put it,

I think we simply have to acknowledge that there are loose ends that are not integrated into the main creative process or into God's providential act, side effects, as it were, which arise inevitably and which have to be risked. This may seem complacent or even callous to the victim of such a loose end, but here I think one has got to say also that a final judgement on whether something is just senselessly evil or not could hardly be made except in light of the end. It might be that God is not content to leave loose ends as loose ends but somehow proceeds to gather them up too. Creation passes into reconciliation and reconciliation into consummation, though in a sense these three are simply aspects or phases of a single great movement of Being.¹³

There are many times when it could seem beneficial for God to intervene to prevent such loose ends from affecting the lives of individual beings, but that is not the way the universe operates. In dealing with this ques-

¹³John Macquarrie, Principles of Christian Theology (New York: Charles Scribner's Sons, 1966), p. 237.

tion - why doesn't God intervene more often - C. S.

Lewis concluded:

We can perhaps conceive of a world in which God corrected the results of this abuse of free will by His creatures at every moment...but such a world would be one in which wrong actions were impossible and in which, therefore, the freedom of will would be void...Try to exclude the possibility of suffering which the order of nature and the existence of free wills involve, and you will find that you have excluded life itself.¹⁴

Thus, the laws of the universe must function and do function with predictability. That is what makes life as we know it possible and tolerable.

Human beings are responsible; we are not robots or computers.

By endowing us with freedom, God relinquished a measure of his own sovereignty and imposed certain limitations upon himself. . .Therefore, God cannot at the same time impose his will upon his children and also maintain his purpose for man. If through sheer omnipotence God were to defeat his purpose, he would express weakness rather than power.¹⁵

"Universal persuasive influence" means God is present and caring, but not jumping in to prevent natural events whenever something undesirable occurs. Yet, sometimes, it seems, it should be possible to soften these laws if we do, indeed, have a God with concern and power. So we are still left with the problems of suffering and evil, and the question "why?"

¹⁴C. S. Lewis, The Problem of Pain (New York: Macmillan, 1962), pp. 32-34.

¹⁵Martin Luther King, Jr., Strength To Love (New York: Pocket Books, 1968), p. 74.

Personal Growth and the Positive Value of Mystery

Without denying all the problems of suffering and evil and the question of "why?", the fact remains that pain can be growth-producing. It forces self-examination of one's priorities; it tends to bring things into a truer perspective. Cabot and Dicks strongly emphasized the relationship of pain and personal growth. They defined human beings as "built for growth." "Much of the pain we know seems to have been the stimulus needed to prevent people's settling into stagnant happiness and so into slow degeneration. Comfort is as great an enemy to growth as we know."¹⁶ Macquarrie also wrote that suffering can be understood as an instrument of God's education of the human race. Yet, even when one allows for the "educative instrumentality of natural evil," much that seems excessive, wasteful, and just senseless remains.¹⁷ It would appear however, in a situation of very present suffering, that it would be highly inappropriate to explain that God had found it necessary to prod one out of stagnant happiness. Yet, even in the experiencing of such prodding, the Whites found

There are some things to be said simply for toughing it out, no matter what, with determined good will. . . . There should be a Newton's Law for human affairs: for every affect, there is an equal and opposite effect.

¹⁶Cabot and Dicks, p. 108.

¹⁷Macquarrie, p. 237.

The sedentary become spineless, the sugar-eaters, toothless. But break your back and you find backbone, know the lemon and you find the edge to bite it.¹⁸

In coping with his wife's illness and death, C. S. Lewis experienced a deep questioning of his Christian faith. He asked, "What grounds has it (wife's illness) given me for doubting all that I believe? . . . the case is too plain. . . I find I didn't (believe)."¹⁹ He decided that only the most extreme pain will shake a "man like me out of his merely verbal thinking and his merely notional beliefs. He has to be knocked silly before coming to his senses. . . Only under torture does he discover himself."²⁰

Nearly twenty years before that discovery, Lewis had written the little book entitled Problem of Pain. In it, he described human beings as "divine works of art" with which God is not satisfied until they have attained a certain character. God is not a "senile benevolence that drowsily wishes you to be happy in your own way, not the cold philanthropy of a conscientious magistrate, not the care of a host who feels responsible for the comfort of his guest."²¹ No, God is as an artist who strives with consuming

¹⁸ Robin White, Be Not Afraid (New York: Dial Press, 1972), p. 212.

¹⁹ Lewis, A Grief Observed, p. 31.

²⁰ Ibid., p. 32.

²¹ Lewis, Problem of Pain, p. 47.

energy to perfect the masterpiece, as a father, who watches out for his child, as a lover who demands love in return.

I am not arguing that pain is not painful. Pain hurts. That is what the word means. I am only trying to show that the old Christian doctrine of being made 'perfect through suffering' is not incredible. To prove it palatable is beyond my design.²²

But when Lewis felt himself to be the work of art being chiseled away on, the notion of being God's masterpiece was less palatable yet. He finds it necessary to believe that "such extremities of torture are necessary for us." Clearly, they occur. Thus, if unnecessary, it implies no god or a sadistic one. If God is good, as Christians posit, it must imply that the suffering is necessary.

The terrible thing is that a perfectly good God is in this matter hardly less formidable than a Cosmic Sadist. . . Suppose what you are up against is a surgeon whose intentions are wholly good. The kinder and more conscientious he is, the more inexorably he will go on cutting. If he yielded to your entreaties, if he stopped before the operation was complete, all the pain up to that point would have been useless. . . What do people mean when they say 'I'm not afraid of God because I know He is good?' Have they never even been to a dentist?²³

So must we "simply" accept? This is the conclusion Alan Paton reached:

It is altogether too difficult for me to comprehend. I can only endure the thought of it by holding the belief that the only way of atoning for the apparent cruelty of God towards men is by showing forth in one's

²²Ibid., p. 105.

²³Lewis, A Grief Observed, pp. 35-36.

life the love of God towards men. I suppose this may be blasphemy. But perhaps it is not blasphemy at all, but an acknowledgement - first made²⁴ centuries ago - of the incomprehensibility of God.

This is where we began, isn't it - with Job's acceptance that God's reasons cannot be understood. But perhaps at this point, we can discover some constructive purposes precisely in our not understanding. Such purposes John Hick called the "positive value of mystery." "It may be that the very mysteriousness of this life is an important aspect of its character as a sphere of soul-making."²⁵

To test this possibility, Hick employed the method of "counter-factual hypothesis" in an effort to imagine a world which, although not entirely free from pain and suffering, nevertheless contained no unjust and undeserved or excessive and apparently purposeless misery. Although there would be sufficient hardships and dangers and problems to give life some spice, there would be no utterly destructive and apparently vindictive evil. On the contrary, people's sufferings would always be seen either to be justly deserved punishment or else serve a constructive purpose of moral training.

In such a world, human misery would not evoke deep personal sympathy or call forth organized relief and sacri-

²⁴Alan Paton, For You Departed (New York: Charles Scribner's Sons, 1969), p. 85.

²⁵Hick, pp. 369-372 (this and the following four paragraphs are drawn from the same source).

ficial help and service. For it is presupposed in these compassionate reactions both that the suffering is not deserved and that it is bad for the sufferer. It seems then, that in a world that is to be the scene of compassionate love and self-giving for others, suffering must fall upon all humankind with something of the haphazardness and inequity we now experience. It must be apparently unmerited, pointless, and incapable of being morally rationalized. For it is precisely this feature of our common human lot that creates sympathy between two human beings and evokes unselfish kindness and goodwill which are among the highest values of personal life. No undeserved need would mean no uncalculated outpouring to meet that need.

Further, the systematic elimination of unjust suffering, and the consequent apportioning of suffering as deserved would imply that there would be no doing of right simply because it is right and without any expectation of reward. . . Under such a regime, virtuous action would be immediately rewarded with happiness and wicked action with misery. Accordingly, a world in which the sinner was promptly struck down by divine vengeance and in which the upright were the immediate recipients of divine reward would be incompatible with that divine purpose of soul-making that we are supposing lies behind the arrangement of our present world.

Our "solution" then, to this baffling problem of

excessive and undeserved suffering is a frank appeal to the positive value of mystery. Such suffering remains unjust and inexplicable, haphazard and cruelly excessive. It challenges the Christian faith with its utterly baffling, alien, destructive meaninglessness. And yet, detached theological reflection can discover that this very irrationality and lack of meaning contribute to the character of the world as a place in which true human goodness can occur and in which loving sympathy and compassionate self-sacrifice can take place. "Thus, paradoxically," as H. H. Farmer said, "the failure of theism to solve all mysteries becomes part of its case."²⁶

Romans 8

At this point, let us move from an acceptance of the incomprehensibility of suffering and the mystery of God's ways to examine specific scriptural comforts (not explanations). In facing the difficult question of "why?" sickness and suffering come to human beings, Christian people have for centuries turned to Romans 8 for comfort and hope. Paul's letter to the Romans was written at the height of his career, between 54 and 58 A.D., and contains the full richness of his experience living as a Christian and the full maturity of his

²⁶Ibid., p. 372, citing H. H. Farmer, Towards Belief in God (London: S.C.M. Press, 1942), p. 234.

thought. He had spent the past several years in the Gentile churches of Greece and Asia Minor, and was at this time, hoping to be able to pass through Rome in the near future. Thus, this letter is his introduction of himself to the church in Rome which had been established by others. In this letter we have Paul's explanation of his understanding of the Gospel after many years of work within the Christian communities of the Middle East.

There are several particular verses which have been of special comfort:

And we know that all things work together for good to them that love God, to them who are called according to his purpose.²⁷

Paul is mentioning certain things we can know, for sure. Here, based on his own experience, he wrote that in all things there is a power which can change evil so that it becomes a source of good. Confidently, presumably because he does know from experience, Paul stated that the misfortunes we experience can even become blessings. Though bad in themselves, they have lost the power to defeat. When left to our own resources, suffering is more apt to harden and embitter than it is to strengthen and sensitize. It is a relationship with God which makes this new attitude possible. And our love is a response to God's calling; it is mutual, reciprocal. We love because he first loved us. When we go

²⁷ Romans 8:28 (KJV)

to a surgeon, we may receive treatment which is unpleasant and even painful, but we cooperate because we trust the wisdom of the doctor and believe that it is for our own good. Thus, too, if we love and trust our God. The pains and trials of life will move us toward growth rather than anger and rebellion.²⁸

Textually, there is a problem with this verse. In some of the best ancient manuscripts and the writings of the fathers, the word "God - θεος " appears as the subject of the verb "works with - συνεργει ". If that is correct, the King James Version is mistaken in writing that "everything" works for good. The correct version would be that "God works for good in everything." But which of those versions is more correct does not really affect the existential meaning of the verse. In both cases, the emphasis is on God's effective help in transforming evil into good.

The problem with this verse is that it limits this transformation of evil into good to Christians alone, to "those who love God." Only they can call on, trust in this promise. But then it is probably only they who would look to Paul's writings for comfort anyway. However, it could be difficult to use this verse in a family in which only some of the members "love God."

²⁸It is amazing how closely the commentary on these passages parallels what was said above. Or perhaps reassuring would be a better word - that theologians and Biblical scholars ultimately come to the same conclusions.

For I am persuaded that neither death, nor life, nor angels, nor principalities nor things present nor things to come nor height nor depth nor any other creature, shall be able to separate us from the love of God, which is in Christ Jesus, our Lord.

Who shall separate us from the love of Christ? Shall tribulation or distress or persecution or famine or nakedness or peril or sword?²⁹

Paul knew the power of adversity to embitter and defeat those experiencing it. His testimony carried weight because he had been through all these things. "Sorrow becomes the expositor of mysteries which joy leaves unexplained."³⁰ The difficult things are not merely overcome and rendered harmless; "by the alchemy of the spirit they are changed into positive good."³¹ But this doesn't happen automatically. The power which provided the transformation is the power of love, especially divine love. Included in the list of alienating forces are death and life. Death need not frighten us, and therefore illness threatening death should not destroy our confidence. The Lord is also ruler of life, so we can live in confidence of his concern and love. "Angels, principalities, and powers," forces external to ourselves which we may not understand, are also "defused," for they, too, are under the sway of God's power. And in order to cover every possibility, Paul finally added,

²⁹Romans 8:38,39,35.

³⁰Gerald R. Cragg, "The Epistle to the Romans, Exposition," The Interpreter's Bible, (New York: Abingdon-Cokesbury Press, 1954), IX, 532.

³¹Ibid.

"Nor anything else in all creation."³² We can trust that our final security will not be shaken or destroyed, but that security is not based on any of the things in which we would expect to place confidence. The ultimate, indestructible and undefeated power is love. This testimony rests on all that had gone before, in Paul's own life and in the accounts he gives in this epistle. The "hymn of triumph" of verses 35-39 is the conclusion of Paul's whole argument that our new life and confidence are possible "because God's mercy provided a method by which we find a new standing with God and so enter into the glorious liberty of his children."³³ Being a Christian does not make life easier, but it can make life a triumph. In a devotional article John F. Jansen shared the thoughts that

Suffering, especially innocent suffering, remains an enigma. The Gospel offers not an explanation, but a presence, the presence of one who has made our cries his own, of one who knows all about our questions.³⁴ Explanations bring no comfort. His presence does.³⁴

³²Romans 8:39. Many of the personal accounts of the process individuals went through in working out their pain included references to Romans 8, especially verse 28. Catherine Marshall's account is given here as an example: "Trust me - that's all. Are you really willing to tell Me to manage it as I please? Let yourself trust Peter to Me. It's like trusting yourself to water. . .trust-trust-trust-the word had been used over and over. . ."I claimed for myself and the one whom Peter and I had brought into the world the promise of Romans 8:28. I did not yet know where the comfort of God's strength was leading me or what I was to do with it. Yet during those days, God was steadily asking me not to fear where Truth would lead." Marshall, p. 35.

³³Cragg, p. 534.

³⁴John F. Jansen, "Biblical Images and Biblical Faith: Advent as Exodus," A.D., III:12 (December 1974), 62.

So once again we return to where we began - without a definitive answer to the questions of "why?", but now with an assurance that we are not alone or forgotten and that we are loved and cared for. This sort of reassurance is tremendously more comforting than the simple and relatively cold statement that, "it is not for you to know why."

Toward An Answer

When illness comes, life's petty gods fall apart - wealth, prestige, knowledge, etc. are still important, especially in purchasing and using medical care, but no longer can they be seen and sought as ends in themselves. In facing serious illness and/or possible death, one is confronted with God - or nothing.³⁵ C. S. Lewis described the situation in this way: "God whispers to us in our pleasure, speaks to us in our conscience, and shouts to us in our pain."³⁶ Pain is an experience that "jerks you out of a comfortable and dangerous contentment, false certainty, and complacency,"³⁷ and may call you back to consciousness of things not within your control, call you back to consciousness of God. The problem with those statements, that pain draws us back to

³⁵Although I have done no research on it, I would expect that "God" in that sentence could apply to Yahweh, Allah and others as well as the Christian God.

³⁶Lewis, Problem of Pain, p. 93.

³⁷Cabot and Dicks, p. 91

God, is that just as often as pain draws us to God, it drives us from him in anger and blaming. But it does tend to place things in a more accurate perspective. A person in pain is forced to evaluate what is really meaningful and significant in his/her life. And if one can work through almost inevitable anger to a place where faith in a loving and concerned God is real, such confidence can be a tremendous comfort and can bring peace. After the initial reaction of anger and groping for a seemingly elusive God is worked through somewhat, it begins to be possible to claim the promises of God's presence and love in our suffering. Lewis described this process of beginning to open up to God:

I have gradually been coming to feel that the door is no longer shut and bolted. Was it my own frantic need that slammed it in my face? The time when there is nothing at all in your soul except a cry for help may be just the time when God can't give it: you are like the drowning man who can't be helped because he clutches and grabs. Perhaps your own reiterated cries deafen you to the voice you hoped to hear. . . On the other hand, 'Knock, and it shall be opened.' But does knocking mean hammering and kicking the door like a maniac? After all, you must have a capacity to receive, or even omnipotence cannot give. Perhaps your own passion temporarily destroys the capacity.³⁸

Pain becomes a way of drawing us to dependence on God. Lewis went on, "In his trial, He makes us occupy the dock, the witness box, and the bench all at once. He always knew that my temple was a house of cards. His only way of making me realize it was to knock it down."³⁹ Pain is a

³⁸Lewis, A Grief Observed, p. 38.

³⁹Ibid., p. 42.

time of testing of the viability of our faith. If we have gradually built up the conviction that God is good and God loves and has power to act, stress will strengthen and solidify that faith. We are not spared hardship. We are given the resources with which to face it. As Marshall put it, "God's way is not to whittle down the problem but to build up the resources,"⁴⁰ and she quoted from one of her husband's sermons:

It is not a fairy tale in which Cinderella's rags are changed into the robes of a queen. . . But rather a promise in which Cinderella in her rags becomes more queenly.⁴¹

The faith described here is that God is always with us, "not only in the noontime of fulfillment, but also in the midnight of despair,"⁴² giving us strength, courage, and power to endure what is here and to face what is ahead. As Jansen put it, "The Gospel offers not an explanation, but a presence."⁴³ So what it all comes to is that, although God does not intervene to change painful reality, he does draw us close to him in our times of trouble, if we are willing, and gives us the strength and comfort to survive, and perhaps, to triumph in our suffering. "This is a knowledge which can release us from lifelong bondage to fear. So I found it."⁴⁴

⁴⁰Marshall, p. 31.

⁴¹Ibid., p. 32.

⁴²King, p. 79.

⁴³Jansen, p. 62.

⁴⁴Marshall, p. 5.

We may not understand completely. But the Christian faith is made of more than precise explanations and superficial observations. We should expect that things are not always as they seem to be, from a given viewpoint, at a specific time. Gordon Kaufman wrote, for example,

No longer is it appropriate to infer from the fact that misery and evil continue unabated that God may be standing aloof from his suffering world. . . The Christian gospel is precisely the claim that, far from keeping himself unsullied by the evils of historical existence, God has entered directly into man's world, bearing in full the burden of suffering which sin has cast on him, so that he might lighten and ultimately remove men's burdens. . . his creatures never stand alone in their suffering; the source and ground of all being, in his compassionate love, is always with them.⁴⁵

Again and again, we come back to the same concept: God does not offer an explanation, but a presence.⁴⁶

⁴⁵Gordon D. Kaufman, Systematic Theology (New York: Charles Scribner's Sons, 1968), p. 243.

⁴⁶Angell described a process of working to this conclusion which I think is worth sharing here: "There are three possibilities:

- 1) There is no God. It was an accident. You must make the best of it. Other people go through the same things.
- 2) There is a God, but his will is a matter of principles rather than persons. There is no light to cut the darkness of grief. Time alone can heal. Some day we'll understand.
- 3) God is aware of my agony and cares profoundly. But driving the car was not his job. This tragedy is the result of a human mistake and a high-speed mechanical society. The love of God remains undiminished, but so long as man is free to create and to choose, he must accept the risk of smashed hopes and bodies.

Is there a possible four? There is a God whose understanding is greater and wiser than our own. If what has happened goes beyond my understanding, that is a reminder that I am dealing with a universe and not just a planet. That I am working in a context of eternal reality, not just a day. And finally, that God's love is so deep and strong that death (and suffering) can have no final effect upon it. . . God is Love - and

Kindness only cares whether its object escapes from suffering. If God is love, Lewis wrote, he is more than kindness and cares less about comfort than about growth and developing strength and love.⁴⁷

And to love is to suffer, to be vulnerable. For suffering presupposes love. Whoever doesn't love anything doesn't suffer either. Thus, when a family member is ill, it is because of the family ties and relationships that there is suffering.⁴⁸ It is because God loved us that Jesus suffered. And it is because of that love that we can not only endure, but prevail in our own pains and sufferings. In the White family, it was felt, depended on:

None of us will ever live to see the simple, sure cure, thank God. Life is just not that way. If there is any effective guide, it is embodied in the uncertain

Power. He was not helpless to act, but that is not his way. It is the way we would solve the riddle of such hellish hurt. It is not his. That is part of what makes him God. His power is different, but still great power. God is not on the sidelines, biting his nails, watching us blunder from error to error and failure to failure. Instead he stands in the middle of pain to remind us that every human event contains the seeds of the Kingdom. IN EVERYTHING, he stands ready to work for good with those who will trust a reality greater than themselves [Romans 8:28 again]. There is only one place I find rest for the anxieties of my heart. That is in the childlike trust that God loves us. If I can believe firmly in the love of God, I can make it. If I am left only with pleasant speculations about immortality and the return of spring after winter's barrenness, then I am not so sure." Angell, pp. 34-6.

⁴⁷ Lewis, A Grief Observed, p. 35.

⁴⁸ Angell observed that children increase our vulnerability to suffering. "Coping Constructively with Untimely Death," 1974 Clergy-Doctor Seminar, Forest Lawn Memorial Parks, May 30, 1974, Howard J. Clinebell, Moderator.

instruction advanced so long ago: 'I give unto ye a new commandment: that ye love one another.' That is what we proceeded on. All else failed.⁴⁹

Angell grasped his suffering as an opportunity, "to make me a man of more than one dimension. . .to make me a witness to the upholding strength of a present God, to write in the blood of my tears across the face of the world, two truths: 'Nothing can separate us from the love of God,' and 'There is nothing love cannot face.'"⁵⁰ It is difficult, if not impossible, to separate the effects of God's love and human love - perhaps that is because they are intertwined, - or interdependent, - or even the same things. But it is clear that love is an integral part of suffering within a family in which one member is in pain. It is the caring and concern within the family that causes all members to experience hurt; and it is their love which can give them the strength to endure. Finally, as Angell put it,

Love, at its deepest level, is God's love for us, not ours for him or for each other. To believe in God's love is to believe that whatever happens, you are in God's hands, and his hands are loving hands.⁵¹

At the end of all this, there is still really no answer to the "age-old questions of 'why?' 'why me?' 'Why doesn't God intervene?'" But I think there has been some progress toward developing a means of coping with those

⁴⁹White, p. 31. ⁵⁰Angell, p. 83.

⁵¹Ibid., p. 102.

questions, without side-stepping the issues, and maintaining the "contagious conviction" that despite everything, God is still present and loving, a "universal persuasive influence" involved and concerned, but not acting as a deus ex machina. That "contagious conviction," in itself, is one of the most important factors. The minister must really believe that if he/she is to share the conviction with others, convincingly and with integrity. The families facing illness are angry and bewildered. Platitudes are worse than useless. "God forgive God" may ring truer than "Jesus loves you."

Today people no longer accept anything merely on the authority of "one who should know." It has to be proved out in the way real people actually live and relate to each other. There are no simple answers or explanations.

We wager our lives that there is an explanation for much that we cannot explain. This faith differs from superstition because we make the leap after reflection and not before it. . . A world lucid to us throughout would be cheap.⁵²

We have gone through the reflection process, and found no explanation. Only the leap of faith remains.

But there may be some positive effects from all the questions and suffering. Difficult situations tend to force self-examination, reprioritizing, and redirecting of one's life. Also, as Hick said, this very irrationality and lack

⁵² Cabot and Dicks, p. 116.

of meaning contribute to the character of the world as a place in which true human goodness can occur and loving sympathy and compassionate self-sacrifice can take place.⁵³

It is when our worlds fall apart and there seems to be no possible rationale in anything at all that it is comforting to claim the promise of Romans 8:28 - that all things work together for good. That seems simplistic, but its effectiveness has been proven in the lives of real people. Here, of course, is no explanation, but only the assurance that God loves and cares in the midst of the inexplicable. It is certainly more reassuring than the comfort Job received - only that God is in control. There is the additional comfort that whatever the situation, the ever-present and caring God will provide us with the resources we need in order to cope. One very important resource is Love.

PRAYER: ITS PLACE IN TIMES OF ILLNESS

One of the integral parts of the Christian life is prayer: our communication with God which is especially important - needed and used - in times of crisis. But, as with almost every part of the Christian faith, there are problems concerning prayer. In examining the response of the Christian community to families in times of illness, we need to seriously consider how prayer fits into that ministry. In the

⁵³Hick, p. 372.

preceding sections, we found we really can expect no explanations of exactly how matters of faith work or don't appear to work. But God does promise to answer our prayers - doesn't he? We can begin by looking at a passage from Matthew's Sermon on the Mount, in which Jesus made some very specific statements concerning prayer:

Ask, and it will be given you; seek, and you will find; knock, and the door will be opened to you. For everyone who asks, receives; and he who seeks, finds; and to him who knocks, it will be opened. Or which of you, if your son asks you for bread, will give him a stone? Or if he asks for a fish, will give him a serpent? If you then, being evil, know how to give good gifts to your children, how much more will your father who is in heaven give good things to those who ask him.⁵⁴

We shall analyze this passage and then try to come to some resolution of why it seems so often these promises don't come true. Matthew 7:7-11 is probably a saying of the historical Jesus, drawn from the popular piety of the time. Its simplicity, anthropomorphism and bold, unconditional confidence in the heavenly father are characteristic of Jesus. The language is metaphorical, but had been associated with prayer for so long before the time of Jesus that by the time it appears here, it is more "prayer-language" than metaphor. In this passage, listeners are encouraged to make petitions to God, assured that these prayers will be heard and answered by a good and loving Father who will grant good gifts in response to the prayers. There are five main ideas ex-

⁵⁴Matthew 7:7-11.

pressed in these verses: 1) Petitionary prayer is acceptable and recommended; 2) It will be heard and responded to; 3) God's relationship to his people is analogous to that of a father to his son; 4) God is good; and 5) the one who prays will receive good things in answer to the prayer. According to this example, petitionary prayer should be simple and straight-forward. No special formulas or exemplary piety is necessary. But the simple faith, which is necessary, requires that one be willing to trust that some response will come.

In antiquity as well as today, there was skepticism about answered and unanswered prayer. Rabbinical scholarship tried to explain why some prayers were answered, others not. Often this included an examination of the methods used in praying, or the results were understood to reflect the sincerity and faith of the one who prayed. This is evident, for example, in a portion of Rosh Hashana, 18a:

Rabbi Meir used to say: Two men take to their bed suffering equally for the same disease. . . yet one gets up and the other does not get up, one escapes death, and the other does not escape death; why? . . . Because one prayed and was answered and the other prayed and was not answered. Why was one answered and the other not? One prayed with his whole heart and therefore was answered. The other did not pray with his whole heart and was not answered.⁵⁵

Hans Windisch, in his book The Meaning of the Sermon on the Mount, pointed out that Matthew 7:7-11 seems to be

⁵⁵Maurice Simon (trans.) Seder Mo'ed (London: Soncino Press, 1938), p. 70.

inconsistent with the teachings found in an earlier section of the Sermon on the Mount which makes the answering of prayer conditional, or with Jesus' prayer in the garden, which is just not answered. And unfortunately, it very often seems that it is inconsistent with life as we experience it.

If Christians discover by experience that their petitions are not granted, there is no explanation and no comfort for them in this series of sayings. On the contrary, a faith that is based only on the Sermon on the Mount will receive its rudest shock.⁵⁶

In Matthew 7:7-11, Jesus has described prayer in its original, primitive, uncritical form of petition, before experience brings on bitter disillusionment or time brings on formality. There is a fundamental logic to it all, just as it is logical to expect the door to open when one knocks on it. It is an expression of childlike confidence in a divine and loving father. As Windisch put it,

The idea of a God whose full nature is hidden from us and whose ways with men are sometimes hostile is remote from this series of sayings. They hint at his sublimity and at our dependence on him, but it is on the gracious goodness of God that we know ourselves to be dependent in our prayer life, not on the inscrutable and often sinister will of God that brings upon us what we neither ask for nor desire.⁵⁷

Yet, even with the childlike faith, prayers remain unanswered. Why? The original intent and goal of prayer is communication with God. One must be cautious of turning prayer into superstition, a sort of button you push when you

⁵⁶Hans Windisch, The Meaning of the Sermon on the Mount (Philadelphia: Westminster Press, 1951), p. 205.

⁵⁷Ibid., p. 206.

need something. God's power is not at our disposal. It may be that there is no satisfactory answer to the questions of how to pray and what to pray. As soon as one tries to explain what is wrong with a certain prayer request, there is a strong tendency to start developing methods, techniques, and prerequisites for effective prayers - and that is exactly what Jesus was trying to get away from. Finally, there are dangers in placing expectations on the results of prayer, dangers in trying to explain what may not be explicable at all.

Theologians have often considered unanswered petitionary prayer. We are all aware of those times when a petition is not granted. Therein lies the problem. C. L. Lewis commented:

It may be true that Christianity would be, intellectually, a far easier religion if it told us to scrap the whole idea of petitionary prayer and confine ourselves to acts of penitence and adoration.⁵⁸

This is not a new idea. We have already discovered that intellectually Christianity has many problems, because there are so many things that cannot be explained.

Faith is. . . Depending on the fact that God is love, not on my ability to figure out why.⁵⁹

So what makes an effective petitionary prayer?

Faith, persistence, and action seem essential to effective prayer; in their absence, things usually do not

⁵⁸ C. S. Lewis, Letters to Malcolm (New York: Harcourt, Brace and World, 1963), p. 35.

⁵⁹ Pamela Reeve, Faith Is. . . (Portland, OR: Multnomah Press, 1970)

happen. Merely words, form, repetition, routine, are not prayer. "To pray with power, " William Barclay wrote, "a person must have an invincible belief in the all-sufficient love of God."⁶⁰ But this belief requires courage and will include the doubt which accompanies every risk. Faith accepts insecurity, takes the risk, and continues to act with courage.

Only then is he prepared to test prayer and evaluate its results. A man risking his life in humble and loving trust in the unseen Real will discover his doubts progressively resolved and the claims of prayer abundantly verified.⁶¹

But most believers experience a degree of faith far inferior to that which the gospel promises seem to refer. Lewis hoped that that, too, "is acceptable to God. Even the kind that say, 'Help thou my unbelief' may make way for a miracle."⁶² So faith becomes not belief because of what God does, but faith in what he is. Even that is not all that secure.

Faith is. . . The conviction of realities I can not see or feel.⁶³

Persistence, too, is a principle of effective prayer. Jesus told two parables focusing on persistence: 1) the friend who knocked on the door at midnight, to get bread for

⁶⁰William Barclay, The Gospel of John (Philadelphia: Westminster Press, 1955), II, 2100.

⁶¹John Magee, Reality and Prayer (Nashville: Abingdon Press, 1957), p. 31.

⁶²Lewis, Letters to Malcolm, p. 60. ⁶³Reeve

his unexpected guest; 2) the widow seeking justice from an unjust judge who responds because he gets tired of her pestering him. Persistence in prayer is not so much designed to awaken God or make him so weary of listening that he finally grants the petition in self defense, but more to force the one who prays to test and refine his/her petition. Why should God answer a prayer unless it is offered with conviction and in earnest? Among the "laws" Barclay set out for prayer are:

Prayer must be absolutely sincere. . . It is quite possible to pray for things because they are the right things and yet not to want them. . . the persistence of the people in the parables was proof of the utter earnestness of their desires. The effective prayer must be definite. . . i.e., not vague.⁶⁴

Both sincerity and definiteness are facilitated by persistence. To quit too soon may be to lose the battle.⁶⁵

Faith is. . . Recognizing that God is the Lord of Time when my idea of timing doesn't agree with His.⁶⁶

Finally, if we expect to pray effectively, we must be willing to act, too. Petitionary prayer, wrote Macquarrie, only makes sense if we commit ourselves to that for which we pray, and if that commitment will survive God's scrutiny.⁶⁷ Prayer is answered only when we are willing to be a fellow-worker with God, and are demanding of him what is needed for

⁶⁴William Barclay, And Jesus Said (Philadelphia: Westminster Press, 1970), p. 118.

⁶⁵Magee, p. 152. ⁶⁶Reeve ⁶⁷Macquarrie, p. 439.

joint-work.⁶⁸ Our desires should be, not to use God, but to be of use to him, to be used by him. In Louis Evelyn's words, "God does not want worshippers, thank you very much. He wants collaborators."⁶⁹

Faith is. . . Fantasy-like unless it is made real in the way I interact with people.⁷⁰

Thus, in order to expect a prayer to be answered, we must have faith, be persistent, and be willing to act to achieve our goal. In trying to understand an "unanswered prayer" perhaps, upon examination, we may discover lack of faith, impatience, or inaction. With those attitudes present, nothing usually can happen. But suppose faith, persistence, and action were all present, and still nothing happened. What then? As Lewis said,

For as the situation grows more and more desperate, the grisly fears intrude. Are we only talking to ourselves in an empty universe? The silence is often so emphatic. And we have prayed so much already.⁷¹

The first question to ask is, "Was the petition consonant with God's will?" We have both a promise from Jesus and a vivid model from Jesus' prayer in the garden, which will help clarify "God's will."

If you ask anything in my name, I will do it.⁷²

⁶⁸ That would include, I believe, what was necessary for our own happiness and stability since that, I think, is part of God's plan, as well as necessary for us to be effective workers.

⁶⁹ Louis Evelyn, Prayer of A Modern Man (Wilkes-Barre, PA: Dimension Books, 1968), p. 27.

⁷⁰ Reeve ⁷¹ Lewis, Letters to Malcolm, p. 61.

⁷² John 14:14

Steere spoke of subjecting our prayer to winnowing and sorting,⁷³ to be poured through the life of Jesus, in which process the prayer is reshaped and refashioned until we can say, "in thy name." Many prayers we offer to God "wither away when they are really brought before God and exposed to the judgement of Holy Being."⁷⁴ Kaufman also emphasized that in our praying we must remember to whom the prayer is addressed, which means that only those prayers expressing the spirit of Jesus are appropriate.⁷⁵ After the winnowing, there will still remain prayers which can be offered to God, which can conclude "thy will be done," not "thy will be changed." This is, of course, evident, in Jesus' prayer in Gethsemane in which he said, "Father, if you will, take this cup away from me. Not my will, however, but your will be done."⁷⁶ Following the personal petition is Jesus' willingness to accept God's purpose: "not my will, but thine." The author of Hebrews wrote of this experience:

In the days of his flesh, Jesus offered up prayers and supplications with loud cries and tears, to him who was able to save him from death, and he was heard for his godly fear. Although he was a Son, he learned obedience through what he suffered.⁷⁷

The prayer of Jesus in the garden, Windisch described as the "prayer of obedience," which is meaningful "because it seeks

⁷³Douglas V. Steere, Dimensions of Prayer (New York: Women's Division of Christian Service, Board of Missions, Methodist Church, 1962), p. 84.

⁷⁴Macquarrie, p. 439.

⁷⁵Kaufman, p. 514.

⁷⁶Luke 22:42

⁷⁷Hebrews 5:7,8

to discover God's will and to acquiesce to it."⁷⁸

An entirely new motive is introduced into prayer, viz., the will of God that transcends his goodness and concurrence in that will which conditions all expectations of an answer. The person who has learned such acquiescence appends a 'condition' to his prayer: If it is possible; if God wills.⁷⁹

It still remains a petition, but not a demand. The difference is analogous to the difference it makes when a friend in asking for a loan says, "If you can spare it," or says "I shall quite understand if you'd rather not."⁸⁰ Still a request, but not nagging or expecting.

And that brings us to another factor to be considered. It is quite possible that our request, framed in our human perspectives of time and space, may very well not be what is best for us; or that to grant our petition would hurt another person; or that our petitions are out of harmony with the reality of the world in which we live. God is not arbitrary.⁸¹ Even in persistent prayers of faith, supported by action, there must be room left for God, whom we define as all-knowing and loving, to act as he sees fit. To indeed give good gifts; bread, not stones. As Lewis asked, "If

⁷⁸Windisch, p. 207. ⁷⁹Ibid.

⁸⁰Lewis, Letters to Malcolm, p. 36.

⁸¹"It would be useless, in my opinion, to pray to restore an amputated leg. I believe that prayer focuses primarily on those aspects of existence which are dynamic and becoming the turning points or growing edges of life." Magee, p. 34.

God had granted all the silly prayers I've made in my life, where would I be now?"⁸² So I believe we can conclude with Magee:

The fundamental pattern of petition is the conscious offering of our needs and desires to God, allowing Him to purify and mature them, and then trusting Him totally with the results.⁸³

God's will is inscrutable. But it is Love. Thy will be done.

Faith is. . . Confidence in God's faithfulness to me, in an uncertain world on an uncharted course, through an unknown future.⁸⁴

We also need to ask ourselves whether we have "cleansed our channels" to receive whatever response may come. There is the story of Jesus in Nazareth where he could do no mighty works because of the unbelief of the people.⁸⁵ Without an open and receptive attitude, God's power can be blocked. We need to be open to the nudges and gentle tugs, to the small pushes as well as the shoves. And we must also be willing to accept the vigorous thrusts which may come. We have to be willing to surrender ourselves and our wills, to relinquish control of what we claim to be placing in God's hands. Cyril Powell quoted Glenn Clark as saying

When we pray the 'prayer of relinquishment' - one more barrier is down that has kept the love and power of God at bay. Our love for our own loved one is no longer possessive. When we let our loved ones go like that,

⁸²Lewis, Letters to Malcolm, p. 28.

⁸³Magee, p.125.

⁸⁴Reeve

⁸⁵Mark 6:5

something has gone in us which was a barrier to the full flowing of God's love and power into the whole situation - into us, and through us, to the loved ones. The answering power is no longer impeded by the barrier of possessiveness on our side.⁸⁶

When we not only bring our requests before God, but also try to tell him what he should do, our petitionary prayers will not be effective. The channels by which we receive are blocked. Once again, let's turn to Romans. Paul wrote:

Likewise, the Spirit helps us in our weakness; for we do not know how to pray as we ought, but the Spirit himself intercedes for us with sighs too deep for words. And he who searches the hearts of men knows what is the mind of the Spirit, because the Spirit interceded for the saints according to the will of God.⁸⁷

Such a passage makes sense only when thought of as an account of the religious experience of the author, not as a piece of theological analysis.⁸⁸ The Spirit intervenes for us, giving us support in our weakness. We cannot possibly know our own needs nor grasp, with our finite minds, God's plan. Thus, all we can really bring to God is an inarticulate sigh which the Spirit translates for us. As long as we feel we can handle our lives and our praying alone, God may very well let us. Self-sufficiency shuts us off from God's power. Apparently, as long as an individual is experiencing and/or suffering what he/she can bear, there appears to be no need or desire to look for help. "They can bear it alone. But

⁸⁶ Cyril A. Powell, Secrets of Unanswered Prayer (New York: Crowell, 1960), p. 49.

⁸⁷ Romans 8:26,27

⁸⁸ Cragg, p. 523.

when a man passes beyond his strength and throws himself without reserve upon God, miracles take place. . . Our freedom is rooted in our total surrender."⁸⁹

Faith is. . . Realizing that what God is going to do through me will be on the basis of miracles, not my power, His promise, not my goodness.⁹⁰

So we have returned once again to the point where we began: Faith. How the "results" of prayer are perceived is dependent upon our acceptance of the promise that God is good and that he hears our prayers. But religious people tend not to talk so much about the "results" of prayer as they talk of its being "answered" or "heard."

We can bear to be refused, but not ignored. In other words, our faith can survive many refusals if they really are refusals and not mere disregards. The apparent stone will be bread to us if we believe that a Father's hand put it in ours, in mercy or in justice or even in rebuke. It is hard and bitter, yet it can be chewed and swallowed. But if, having prayed for our heart's desire and got it, we then become convinced that this was a mere accident - that providential designs which had only some quite different end just couldn't help throwing out this satisfaction for us as a byproduct - then even the apparent bread would become a stone. A pretty stone, perhaps, or even a precious stone. But not edible to the soul.⁹¹

It's not the gift, it's the conviction that there was a giver, who was responding to us - the confidence that God is present and concerned.

Faith is. . . The assurance that God is perfecting his design for me when my life's course, once a swift-flowing current, seems a stagnant pool.⁹²

⁸⁹Magee, p. 141. ⁹⁰Reeve

⁹¹Lewis, Letters to Malcom, pp. 52-3. ⁹²Reeve

Finally, let's look at one more aspect of the power of prayer: Prayer doesn't change "things," it changes persons. Prayer affects us, if we are open to that. Unanswered prayer could be a challenge, not a block, to spiritual growth. We are promised that no prayer is ever lost. Compassionate confrontation with another in prayer leads to an increase of sympathy and the strengthening of community. It enables us to see things in better perspective, to see them in unity and interrelatedness rather than separateness, as we bring them before God. It changes our visions of the world, and thus influences our actions in it. Prayer for others, Magee wrote, is an "intimate participation in the life of God."⁹³ It leads to a deepening and a softening of the character of the one who prays.

So in the end, it seems we can conclude that there is no such thing as "unanswered prayer." It is integral to our Christian faith that God does hear; and God does respond. But not always, in fact, probably not often, does that response come in ways we expect. We must ask in faith, persist in asking, and actively work toward the thing we desire. But we must also be able to make our requests "in His name," and be willing to say, "Thy will be done." Then, we have to prepare ourselves to receive whatever may come. We may be called upon to actively help in answering the request. The

⁹³Magee, p. 150.

answer may be something entirely unexpected. It may simply be "No." God's power may be expressed in many ways, including weakness. But our faith is that a prayer is never lost. In praying sincerely and earnestly, we can draw closer to God.

Petitionary prayer is acceptable. Indeed it is recommended by Jesus, and used by him, to work miracles, to gain strength, to be assured of God's presence, to communicate with God. We can use it in situations of illness with the confidence that it is appropriate, with confidence that it does somehow make a difference. Faith comes in believing and accepting that which we do not understand. It is like taking the word of someone you trust for something that person will not or cannot explain to you. Because that is exactly what it is. We do not have an explanation, but we have a presence which we can believe listens and cares and loves.

Faith is. . . The conviction that the Promiser keeps His promises.⁹⁴

Chapter 4

MINISTRY TO FAMILIES IN TIMES OF ILLNESS

God be with you in your suffering
soothe the creeping pain that hunger brings
though the misery of sickness bites your soul
strength surrounds you that will keep your
spirit whole
there's hardship, I can't tell you why
but if God be with you, so am I

Albert C. Wickett, 4/21/74

Individuals describe their immediate reactions to crises of illness and death in very vivid ways: Catherine Marshall wrote, "My world caved in."¹ Jim Angell said, "The world fell off its axis."² In Lynn Caine's words, "I felt as if someone had just kicked me in the stomach with a big iron boot."³ Our worlds are made of the people we love; what affects those people strongly affects us, in a different way, but equally strongly. The patient and his/her family are in a position of becoming exposed to and acquainted with a whole new world of events, emotions, and experience, less friendly and well-ordered than they had previously

¹ Catherine Marshall, To Live Again (Carmel, NY: Guideposts Associates, 1957), p. 1.

²James W. Angell, O Susant (Anderson, IN: Warner Press, 1973), p. 13.

p. 25. ³Lynn Caine, Widow! (New York: Morrow, 1974),

known. And it is the responsibility and privilege of those around them who care, to help them face that world constructively and survive the blows they are receiving.

Cabot and Dicks offered a revealing description of what it is to be sick:

To be sick is to be a stranger, naked, stripped of vigor, weakened by a lack of determination, feverish by helplessness, bared by broken confidence; a stranger among strange people, even one's clothes changed for a queer, abbreviated gown. To be sick is to pass through strange places of the spirit. . . To be sick is to face the uncertainty of diagnosis, the loneliness of convalescence, the difficulties of facing life as an invalid. These are new paths of our spirit. To be sick is to be in prison, imprisoned in one's bed, one room, ward, building; imprisoned within one's helplessness, and one's handicaps, chained to the threat of death.⁴

The family travels this road with the patient. So on this strange journey, how can we be of help?

The ministry of the laity and the pastor in the Christian community can be very important. It is, therefore, essential, that the minister be aware of the needs of the family involved and be able to provide leadership when needed to the rest of the community for effective and constructive response to the crisis. So let us here begin to examine what the aspects and qualities of an effective ministry by the Christian community to families in times of illness might be. Needs of the families have been dealt with above. Here, we shall look at some ways in which they may

⁴Richard C. Cabot, M.D., and Russell L. Dicks, B.D., The Art of Ministering to the Sick (New York: Macmillan, 1952), p. 13.

be met. I will be drawing on literature about pastoral counseling, personal accounts of individuals who went through such crises, and previous portions of this paper.

NEEDS AND RESPONSES

First and foremost, we must CARE. We must be PRESENT. There is some special medicine in knowing that another human being is somehow involved in our hurt and will walk the strange and rough road with us. And in being present and caring, we must be willing to LISTEN. Throughout the next few pages, as we work toward understanding how to most effectively minister to individuals experiencing illness within their families, the present-ness, caring, and willingness to listen are "simply" assumed. They are a part of all ministry - and are no less crucial here.

From that foundation, we can move in the direction of encouraging and facilitating steps toward meeting the specific needs identified earlier, and considered again below.

Need for Preparation

To walk along with another person in a time of crisis means listening, encouraging them to talk, to get out what is boiling inside so that it can be examined. One can never make a problem or an emotion go away by trying to hide or suppress it. One must face that "it can happen to

me," and begin to accept the facts of the situation. In facing the facts, they begin to become manageable, even growth-producing.

There is liberty in staring down at the truth. . .
'Let us not be afraid of [sorrow], for when grasped firmly, it never stings. The life that has not read sorrow is strangely untaught. Every day of meeting sorrow superbly makes the life more grand.'⁵

One cannot go back to the "good days." The only way out is ahead. Among the letters of condolence the Angells received after Susan's death was one which described how Rev. Angell had ministered to another family in a time of crisis:

Jim, one thing you did - or didn't - do after our accident was to minimize the sadness of Bryann's death. That surprised me at first - perhaps because our Christian faith tends to 'pass over' physical death. But that would be artificial because it is real and none of the comforts erases the grief.⁶

It is very important to be open. Trying not to face an unpleasant reality can only be destructive in the end. Very often, even if we do face the truth ourselves, we try to hide it from those we feel would not be able to understand or to handle it. This, too, does no good. As indicated in the research concerning children's reactions to Hurricane Audrey, even the very young need to be encouraged to deal openly with what is going on around them. Marshall explained it in this way:

My recovery from these emotional wounds was in direct proportion to my ability to stop steeling myself against them and begin accepting the pain inherent in my personal

⁵Angell, p. 18.

⁶Ibid., p. 60.

loss. I now know that the healing process can begin the moment we stop resisting. Tightly closed hands are not in a position to receive anything, - not even comfort. It matters little whether they are hands clenched in rebellion or just piteously trying to clutch the past. . . The cup of grief is heavy and it holds a bitter brew. But one can at least take the cup with both hands and put it to one's lips at intervals, then, for a while, turn to something else. Somehow, the cup becomes lighter, a little more bearable, its contents less bitter each time the cup is voluntarily grasped.⁷

If honestly possible, we can let the other know what we, too, have suffered, for a bond of suffering can be strong and supportive as he/she tries to face the present crisis. That doesn't mean to say, "think of all the others worse off than you are" or "you'll make it; everybody else has." It means just saying "I understand, I've been there, too; I'm with you now. And I know how hard it is." As Angell put it, "What helps more than being told that this is something that has been a problem since the beginning of ~~time~~ is being told that grief is hard, back-breaking work."⁸

⁷Marshall, p. 73.

⁸Angell, p. 16. He went on, expressing this in a poem: "Kites rise against the wind.
Steel is produced in furnaces.
Men are born in storms;
Stars out of fiery chaos.

There are no startling remedies for grief. Time is a friend and ultimately, so they say, the skies will partially clear, the heart's laughter return; but there is no pill, no mental trick, not even any wild gamble of faith that will make the process easy or short. Someone expressed it this way: 'when you get to the end of your rope, all there remains is to tie a knot in the end of it and hang on.'"

Need for Contact

Warmth, physical contact, the presence of caring others is some measure of comfort and reassurance that there is still some normality, some concern and love in a world that suddenly seems hostile and cruel. When the world falls off its axis, even physical warmth is comforting. Lynn Caine wrote that the friends who met her when she had discovered the diagnosis of her husband's terminal illness, "had thoughtfully arranged to have things crackling away in the fireplace when we arrived. I huddled close to the fire, feeling that I would never be warm again."⁹ But there is a special comfort in being close to family. When the Angell's received their fateful phone call in the middle of the night, they went immediately to their other children. "The pressure and warmth of each other's bodies was the best shelter available against an earthquake that had torn our home apart."¹⁰ In times of crisis, the presence of family, those people who have shared the joys and sorrows, and chores of daily living for months and years, is very significant. Families do almost always try to gather and share support. This should be encouraged and facilitated.

While friends can rarely be substitutes for family, their role is still very important. Angell went on to say

⁹Caine, p. 25.

¹⁰Angell, p. 24.

that his family received many notes and letters from friends. Reading them "left us exhausted. But without them, the days would have been unbearable."¹¹ To know that one is not alone - that others have gone this way before and are willing to travel along with you now, on this road that is new and frightening - is a tremendous comfort. It helps to know that others can feel with & empathize - with you and that they will do so, for at such a time the feeling of isolation - being alone - is strong and fearful. Angell shared a poem from Howard Thurman's Meditations of the Heart:

I share with you the agony of your grief,
 The anguish of your heart finds echo in my own
 I know I cannot enter all you feel
 Nor bear with you the burden of your pain.
 I can but offer what my love does give;
 The strength of caring
 The warmth of one who seeks to understand
 The silent storm-swept barrenness of so great
a loss
 This I do in quiet ways
 That on your lonely path,
 You may not walk alone."¹²

That little poem, it seems to me, sums up very well what has been said about the need for contact with others in times of crisis, and the kind of contact - warm, caring presence, that is most necessary, that is true ministry.

¹¹Ibid., p. 40

¹²Ibid., p. 120, citing Howard Thurman, Meditation of the Heart (New York: Harper & Row, 1953).

Need for the Familiar

The familiar is reassuring. Change and strangeness are disturbing and create feelings of insecurity. To facilitate reassurance and security during a time of crisis, the familiar should be maintained as much as possible.¹³ What is unknown can be very frightening, and in a situation of serious illness, very much of the immediate future is unknown. It is important to remember these facts in ministering to families who can be encouraged to keep the family intact as much as possible (especially in not trying to get the children out of the way "for their own good").

Need to be Useful

Activity may help to give one's mind a "vacation" from the suffering. It may be a way of maintaining the familiar. The negative aspect of this need is that in times of crisis, there arise feelings of helplessness and the strains of exhaustion. One is impotent to do anything to ease the pain of the suffering loved one.

At the beginning, I was full of compassion. But then as the dying went on and on, fury crept in. I was helpless. I couldn't save Martin. Couldn't keep him alive. Couldn't even spare him pain. Helplessness was too much to bear, so I became angry.¹⁴

¹³It is very possible that rituals a pastor does in his/her role as a priest may also be important here. Prayer and the sacraments can be tangible (or audible) signs that God is involved in the whole process, too.

¹⁴Caine, p. 133.

Constant exposure to and involvement in the pain that one is helpless to do anything about is extremely trying emotionally and exhausting physically. That is why it is important to encourage "vacations" from the sick room: times to get out of the pressures of illness and become part of the on-going life of the world. It is also why it is important to be able to share the burden as a friend who cares.

And that is our responsibility: to be a friend. To listen, breathe, talk. To keep the family in touch with each other and with life as it continues and goes on. Sometimes there is guilt related to that very fact - that life does go on, despite the suffering of the loved one. Sometimes there is reluctance to do the normal, everyday things when someone is sick - as though all one's energies and time should be spent suffering vicariously. But that is only destructive. The whole process of illness is only a part of life - is an overwhelming part - which must be faced and dealt with. But even now, it should not be all of life. It is important to help the family not to feel guilty if they leave the sick room for an evening at a movie, or spend some time with people whose lives are intact.

Need to Know

Once again, mere presence is important in helping families face the unknown. A family needs to know what is happening to its ailing member as soon as possible, and also

needs to share that knowledge among themselves. Even the young children need to know as much as they can understand for their world is affected just as much as that of their elders. For everybody, not understanding what is going on is a very frightening and insecure feeling. When the patient of the family is given bad news, it is most important to let them know that they will not be left alone, that everything possible will be done to make things as comfortable as they can be, and last, to leave room for at least a glimpse of hope. It is not only that illness and death are unknown and therefore rather frightening. Even among those who have a very concrete concept of what comes after death, there is the fear of illness itself, and of the process of dying, fear of the pain, losing control, helplessness, and being dependent, and the family's fear anticipating going through those things with the patient. A non-family member can aid the family in obtaining and sharing the facts of the situation, and may be in an ideal position to facilitate or initiate this process. Often, just the presence and/or encouragement of such a person can make such sharing easier.

Need to Share

Need to share is closely related to the need to know. Talking about what is happening to them is extremely important among the family members, including the patient.

Caine learned this from bitter experience:

I wish I had known about the therapeutic value of talk when Martin was dying. Because today I would insist on talking. I would talk to him about death and terror and pain as well as love. It is what you don't see, don't talk about, that terrifies you. The things that go bump in the emotional night. Talking dispels the phantoms. In helping Martin, I would have helped myself. I would have learned to talk about my feelings. And after Martin died, I could have talked about him. And talked about him and talked about him. Until I finally knew that he was dead and I was alone - starting a new life. I would have emerged from grief sooner. And so would the children."¹⁵

Somewhere, our culture has picked up the notion that it is better for people not to know the truth about what is happening to them, about how serious an illness is, whether their pain is curable, or merely endurable. This notion, however, simply does not prove true in real life although it is continually practiced and even recommended. The result of keeping things from the patient and his/her family, or of their hiding things from each other, is fearful, is isolation. The result is that those involved do not have a chance to comfort each other and support each other as they face a new and frightening situation which they should meet together, as they have met the rest of life.¹⁶ It is very

¹⁵ Ibid., p. 144.

¹⁶ In her book, Caine quoted Judith Vorst describing such a situation: "Three springs ago. . . my mother was dying - it took her several months - and she and I were together for hours each day. I sat beside her and held her hand; we spoke a lot of nonsense. But never, not once, did we mention why I was there. I sat beside her all those days. And yet she died without me. In love and in grief we couldn't talk about death. Maybe we should all begin to talk

difficult for the patient to be at peace if his/her family is not willing to accept the reality of the illness and its seriousness. In such situations, the pastor can be of assistance in aiding the family to reach a stage of acceptance. The family essentially goes through the same stages as does the patient in coming to accept a grim reality: denial, anger, bargaining, depression, and acceptance.¹⁷ Usually, however, the family is slower than the patient in passing through these stages. Kübler-Ross describes what she has found to be a common pattern in this process:

At first, many of them cannot believe that it is true. They may deny the fact that there is such an illness in the family, or 'shop around' from doctor to doctor in the vain hope of hearing that this was the wrong diagnosis. They may seek help and reassurance (that it is all not true) from fortune-tellers and faith healers. They may arrange for expensive trips to famous clinics and physicians and only gradually face up to the reality which may change their life so drastically. Greatly dependent on the patient's attitude, awareness, and ability to communicate, the family then undergoes certain changes. If they are able to share their common concerns, they can take care of important matters early and under less pressure of time and emotions. If each one tries to keep a secret from the other they will keep an

about death. . .the silence I've met on this subject shows we've been more frightened than we know, deprives us of each others' consolation and takes from us the gift of comforting too. . .so let us talk about death." Caine goes on, "She is right. We should. Talking helps. It helps the dying - and the living." Caine, pp. 136-37.

¹⁷Elisabeth Kübler-Ross, On Death and Dying (New York: Macmillan, 1969), p. ix.

artificial barrier between them which will make it difficult for any preparatory grief for the patient or his family. The end result will be much more dramatic than for those who can talk and cry together at times.¹⁸

The truth may need to be told in stages, allowing time for the reality to sink in between the stages, and assessing carefully how much the patient and family can handle at a given time. But carrying on an act that "everything is O.K." simply doesn't work. Caine described trying to play the role of "supportive wife, soon to be widow, gallant in the shadow of death. . . Don't let the world know your heart is breaking, your love is dying, your life is coming to an end. Everything must go on. But all that went on was pain."¹⁹ The act just "doesn't make it" as an appropriate way to face illness and dying. It is unsatisfying, unproductive; quite frankly, destructive. As she reflects on the whole experience, the one thing that Caine felt she would have done differently, that she kept reiterating and regretting, is that they (she, her husband, the children) all avoided talking about what was going on in their lives, permeating their daily existence. She noted that this sharing would have been especially helpful for their children. One of our cultural hang-ups is keeping things from children, assuming that if we don't say anything, their "little lives will be able to go on as usual." Well, that, too doesn't prove itself true.

¹⁸Ibid., pp. 168-9. ¹⁹Caine, pp. 58-9.

I should have talked to them more about how I missed their father, just as Martin and I should have talked to them more openly and honestly and at length about his illness. . . it might have allowed them to make some contact with how terrible they felt. They might have been able to talk.²⁰

If it is someone in their family who is sick, children are involved, intimately involved. And if people try to shield them, to keep things from them, to protect them, all it ends up doing is making the whole thing more frightening. It is what we don't know, don't understand, that is most scary - things that go bump in the emotional night. Keeping secrets from the patient or family or between them breaks down communication, precludes family planning, and increases anxiety and loneliness. There is a crucial "need to share" within the family itself, and that process may need to be facilitated.

Sharing should also be encouraged outside of the family circle. This Caine was able to do. Her descriptions of how and why she sought this ministry from her friends were strong and vivid:

I did this all the time without realizing it. The whole thing - my anxieties, my terror, my anger, my worries - would shiver through my head. . . It was like the sickest Muzak tape any sadist could have spliced together. Martin's dying. . . What-will-become-of-me. . . Martin's dying. . . I-wish-he'd-hurry-up. . . Goddam him. . . Die-damn-you-die-Martin. . . No-Martin-live. . . I-love-you. . . I'll-not-exist-without-you. . . I'm-nobody-without-you. . . Martin-how-can-you-do-this-to-me???? . . . And the children????

²⁰ Ibid., p. 202.

There it went again. I couldn't stop, couldn't stop . . . couldn't stop. I headed for the telephone. When things got too bad and I couldn't turn off that eerie fantasy tape, I'd call someone. That always helped. Friends helped. Just being there, listening, breathing, talking. They helped me feel I was still in touch with the world out there where nobody was dying. Just here, in our house, there was death all the time. Death breathing in my ear every night.²¹

She was able to ask for help. Not everyone can; or does.

In ministering to those facing such crises, it is very important to encourage talk, to encourage people to really help - talk with - those they love during this life-situation as they would during others not involving serious illness.

Anger is a very legitimate and too often repressed emotion in times of illness. It may be general anger at the world - thus, directed at all the persons with whom one comes in contact; or it may be focused against one "or several" particular persons: a family member, staff member, friend, or God. The anger can be defused by caring listening and careful comments designed to "get it all out." It is important to discover if there is a remedial reason for the anger (such as improving the patient's care or providing more adequate transportation) or whether it is a part of the process of dealing with the reality of the illness. If it is the former, remedying the situation should help. But with the anger which is part of the working-through process, we can try to help by "fueling the fire" enough to encourage

²¹ Caine, pp. 58-59.

him/her to ventilate the anguish, without bringing on guilt feelings, without giving the feeling that we are "above" or judging him/her. Often a few minutes spent facilitating that process can change an angry, nasty individual into someone much more comfortable for all, including the angry person him/herself, to be with. It may even help to act out the rage in physical ways. Caine, for example, wrote:

Years ago Martin had taught me a technique for coping with pain. . . 'Here,' he said, 'rip[a towel] as hard as you can into 100 pieces.' I felt foolish, but as I tore that towel in half and then into strips I became completely caught up in the ripping. As if I were ripping out the pain that was tormenting me. One fury-ridden night, I discovered that the towel helped dissipate rage, too. So when that most evil of angers came upon me, I would go into the closet where I stored my old linen, grab for a towel that had seen its best days, and rip away. . . My exercise bicycle was even better. If I could force myself to mount that bike and grip those handlebars and pedal away, my anger would eventually dissolve into sweat. I don't know how many hundreds of times my rage drove me to that bicycle or how many hundreds of stationary miles I pedaled working off my anger. And yes, there were times when I DID shake my fist at his photograph - and then start laughing.²²

Our bodies are very much a part of us. That is not a particularly profound statement, but many times we do not realize how closely integrated our emotions are with our flesh and blood. Acknowledging that fact helps us to discover in other ways what we really are feeling inside - and opens up new channels of getting those feelings out. What is most important is to get them out: by talking, by crying, by

²² Ibid., p. 134.

biking - in whatever way, or more likely, ways, there are.

It is important to realize that many times this anger is directed against God. This was Marshall's experience:

Then having struck out at people, I lashed out at God. . . Have Peter and I been duped? Has everything that Peter preached been pious nonsense?²³

Then she went on to describe the way her mother ministered to her as she was working through these tremendous angry questions. In the following paragraph, we can see what effective ministry in that situation was:

Sorely troubled, Mother watched me and groped for words that might help. Yet she knew her words would make little difference at the moment. It was enough that she was there to listen. She knew every bitter thought - against myself and other people and God - needed to come up and out.

She understood my need for an answer to my agonizing question. . . where is the God of love who cares about the individual in what has happened? She knew that if this question were not faced and answered, there could be no healing of my bruised heart; that without an answer, I would then be forced either to flee life or live it on a busy-busy level, dragging an anesthetized spirit after me. She knew that my great need was still to be oriented to God, centered in Him, so that my life would have an anchor. But she also knew this could not be forced. 'In God's own time,' she told me quietly, 'you will get God's answers.'²⁴

This passage cautions against easy answers. In the midst of rage and questioning, we do not offer such palliatives as "It's God's will" or "God loves you." No, it all returns to the principles we have mentioned so many times before:

²³Marshall, pp. 56-57. ²⁴Ibid.

what is most important is to let the person know you are present, you care, and you are willing to listen to whatever comes pouring out. We listen, and encourage the other to really face the situation, to ask the questions, to express the rage - and let them know that all the time we will be there. These quotations included above from people in the midst of struggling with illness in their families are helpful in increasing our understanding of the sort of intense, powerful emotions and devastating questions such persons experience. Listening to these individuals can give us a better understanding of the feelings we would be dealing with in attempting to minister in similar situations.

Guilt is another emotion which may accompany illness. As family members get involved in an "if only" cycle, they begin to think of all the things they could have done to prevent the reality they are now facing from coming to pass. Or they review all the unpleasant things they have done to the patient. Or they feel guilty for questioning "God's will." Repression of such feelings can be very pernicious. In this situation, the physician, pastor, friends, and even the patient can be of great help by assuring the family members that such guilt is not justified; or if it is, by offering forgiveness. Small children often feel responsible for the illness of their parents or siblings when they remember thinking or saying such things as "I wish he/she were dead." Older persons may also harbor such thoughts.

Talking these feelings out with an understanding listener can be very healing.

So we must listen, as the other person works out these things for him/herself.

To listen with convincing concern, with evident pain in the patient's difficulty, with complete absorption in his effort, does help another to feel out the way to his answer. . .we feel certain that silent cooperation in the questioner's effort is more apt to help him draw his answer out of God than anything we can say.²⁵

Which brings us to the last need.

Need for Meaning

Ways of coping with this need have been explored extensively in Chapter 3. When a family member is ill, that person and all other family members are confronted with their own vulnerability and are forced to face the questions of meaning and purpose in their lives. It is important that the helping person have at least some personal grasp of what these issues mean to him/her, so that he/she may be at ease in letting the members of the family work to resolutions in their own time, without needing to impose answers or repress questioning. Later, it may be possible to share with them the conclusions we have come to. But at the time of crisis, listen. Listen to the fear and the insecurity that are the manifestations of the existential

²⁵Cabot and Dicks, p. 194.

anxiety and searching for meaning. Caine needed this, but resisted it.

I felt very insecure in a world that could allow Martin to die. What did fate have in store for ME? I feared the worst. I had a dread of letting people sense my vulnerability. . . NO one should suspect how tormented I was, how worried, how very shaky. . . I carefully concealed my terrors. Close friends, I know now, were concerned about me. They sensed my strain, my confusion. But my refusal to talk inhibited them from probing, helping.²⁶

Such situations are places where the pastor can be of special help in facilitating "talk." There is some strange mystique about the role of the clergy which seems to allow people to let down barriers held up for most others with whom they relate. The minister's understanding of the needs of individuals in such situations can enable him/her to be alert for clues to follow to encourage the person to begin to work on those needs.

Thus, in essence, ministry to families in times of illness is to encourage others to do what James Angell described doing for himself:

You hang tough. (acceptance; facing it)
 You try to let your heart fill up so full of appreciation that there isn't room for anything else.
 (fighting disorientation of the unfamiliar)
 You don't refuse help or love. Only the temptation to feel sorry for yourself. (contact, not isolation)
 You don't torture yourself with blame or the thought that there "must be some good reason why this happened. The Bible makes it clear that most of the ache in the world goes unexplained. (existential anxiety, need to share)
 You keep busy. You let yourself get tired. (need to be useful)

²⁶Caine, p. 135.

You stay in contact with beauty, people, and with God. (need for the familiar, to be in contact, for meaning)²⁷

SPECIAL MINISTRY OF THE CLERGY

Finally, there are some special things that clergy can do in their roles as pastor and priest to ease the pain and facilitate constructive coping with suffering.

As Pastor

In some situations, the clergy need to play a role of teacher, offering professional advice or instruction. This may include all that has been said above. Also, it may be helpful to have some specialized practical knowledge of the physical problem to pass on. A post-coronary patient, for example, is often depressed when he/she goes home. It makes adjustment easier if he/she knows what to expect as all sorts of practical questions about the future are being asked. Sometimes it is more difficult to accept restrictions on one's activity or invalidism than to face death, which is, at least, an end to suffering. If the doctor has not shared such information with the patient, the minister should be in a position to do so. Also, in the case of the post-coronary patient, the original illness was probably brought on by certain lifestyles and too much pressure. Sending the convalescent patient back into the situation which

²⁷Angell, pp. 29-30. Parenthetical comments mine.

precipitated the first attack can be very harmful.²⁸ The minister can be in a position to encourage, facilitate and work toward changes in life-styles for the whole family. It may also help the family to be told that insomnia, tiredness, loss of appetite, aches and bitterness are all quite normal in times of emotional stress. They are probably only symptoms of the strain of the other's illness, and should not be worried about in terms of one's own health (within reason, of course).

The minister may also need to encourage a dying patient and his/her family to work through any unfinished business, such as insurance, a will, etc. The patient may be worried concerning the future of the family he/she is leaving. In that case, the minister and community can offer assurance that they will not only be taken care of, but cared for, too. That is, of course, only second best, but will be comforting knowledge when the patient has accepted the approaching end of his/her own ability to fulfill those needs. It should go without saying that such assurance can only be effective if it is sincere.

It is important not to try to do a job someone else is better trained to do. Clergy are not doctors, psychiatrists, lawyers, or social workers. If problems arise where such services are necessary, our most important task

²⁸ Ray Rosenman, M.D., and John J. Schwab, M.D., "Anxiety Depression: Counseling the Post-Coronary Patient" (Cranbury, NJ: Carter-Wallace, 1973).

is to help the person get in touch with someone who has that training and will sensitively and effectively respond to the needs of one in pain. Thus, it is important that a minister have contacts in the community to draw on in such times of crisis. A significant and useful task for ministry is that of referral. The professional people and friends who are involved in a situation of illness should try to divide their assistance according to what each is best suited to do. If it happens in a particular case that another person besides the pastor can bring spiritual comfort and the minister is skilled in legal or economic matters - that's O.K.! Also, whoever feels most comfortable with a given member of a family should be most closely involved there. It is team or community-ministry which is most effective.

In situations of illness, there is almost always a physician involved. Many times the physician, although very skilled in the "mechanics" of his/her own trade, is very uncomfortable or too upset him/herself to deal with the emotional aspects of the individuals surrounding the patient, and even the patient him/herself. It may be that the minister can help the doctor come to terms with the unpleasant reality in such a way that he/she can better handle the difficult situation. Or it may be that the minister will need to offer to essentially take over, handle the emotional aspects of the illness. The latter, however, is difficult, since,

as mentioned before, our bodies and our emotions are so much a part of each other. But it is precisely because of that fact that all helping personnel need to be involved with each other on the medical team. Physicians, nurses, social workers, chaplains, pastors can all work together to provide effective and therapeutic care to the entire family, including the patient. Working separately or competing is not only less effective, indeed detrimental, but appears to be using the patient as the ground on which to work out professional possessiveness and/or competitiveness. If the common goal is to make the patient and family as comfortable as possible and to offer the most therapeutic treatment available, cooperation and division of labor along talent, skill, and compatibility lines is most reasonable. The minister can be in a position to facilitate the establishment of such a team.

The minister also may be able to help in difficult situations which do arise in the relationships of the family with the medical staff. The Whites described an example of such a situation:

The internal politics of a hospital being what they are, there is apparently an elevated degree of conflict over who has authority to call whom and do what. I had heard about these battles from relatives in the medical profession, but I had hardly expected them to reach such a degree of refinement that it was necessary for me to force a routine consultation.²⁹

Because these battles do occur, it can be very important for

²⁹Robin White, Be Not Afraid (New York: Dial Press, 1972), p. 164.

the family to have an advocate in the hospitals - which the minister can be. But it is important for him/her to build good relationships with the physicians and other personnel in the area, BEFORE crisis situations arise. These people should be helped to realize the minister's skills, desire to be involved on the therapeutic team, and his/her trustworthiness. Many people no longer see the clergy as being normally involved in such areas. Thus, they turn to their doctor to ask the questions of meaning and future - questions which the doctor may have neither the time nor the emotional or spiritual resources to deal with. So it is really important that all concerned: nurses, social workers, doctors, even the housekeeping staff - be aware of the minister's skill and availability. If that awareness exists, when the need arises, those people know whom to call on.

Also, we need to remember that hospital staff persons are involved with the patient and his/her family constantly and every day. Nurses, maids, and orderlies become the on-the-spot listeners and counselors because they have the time (though limited) and more important, are present. The involvement of many workers in a situation of illness means that there may be a real ministry to those persons themselves by facilitating their venting of feelings and expression of anger, frustration, or grief. Kübler-Ross recommended a "screaming room," to which the staff can retire to ventilate

their own feelings, thus coming back on the job more in control and less frazzled.³⁰ Clergy could be influential in encouraging such actions.

The minister should also be in touch with the available resources in a community, aware of where his/her people can turn for the sort of help they need (in the role of referral person again). This knowledge was another crying need the White family experienced:

Under the circumstances, we decided to seek psychiatric counsel for Checkers - neurology notwithstanding. This was a curiously amusing search. . . we looked about on a private level, surprised to find there were specialties within specialties. . . but we could find no one who had even the slightest knowledge of Checkers' disability. . . For a very rough three months we cast about and finally, with the aid of [two doctors] were able to enroll Checkers in the South Center Day Center.³¹

A great deal of agony and frustration could have been avoided had someone involved been able to tell them where to go before the three-month search. That, too, is a place the minister can be helpful.

Yet, even with all the various kinds of specialists and professionals available, the family may in the end still be very much alone and un-cared-for.

In spite of advanced medical centers and fantastic research programs, whenever parents come up against the unusual - like epilepsy, cerebral palsy, schizophrenia, etc. - all the so-called learning just seems to evaporate, so that even the most dedicated and persistent

³⁰ Elisabeth Kübler-Ross, Questions on Death and Dying (New York: Macmillan, 1974), p. 118.

³¹ Ibid., p. 233.

parents must individually go through a bewildering, punishing process to find out the basics, alone.³²

It is especially at such times that the ministry of a Christian community can be helpful and comforting. For someone "just to be there," to know that someone is willing to walk along the hard road with you, makes a tremendous difference.

The minister is in a position to mobilize the resources of the Christian community to respond to the family's needs. There are many things he/she can encourage the family to try to do, as they work their way through the suffering and sorrow that they are facing. Practical suggestions of actual action are often very helpful - after the person has had a chance to talk and be really listened to. The minister's own opportunities include offering comfort, providing support, and helping the family know what to do and how to do it. We may ~~know~~ what sorts of needs and reactions are most likely, but should never lay expectations upon others to behave in any prescribed manner as they cope with their suffering. It is important to let that person tell what he/she is really feeling rather than to make "appropriate" assumptions. It is important to remember not to judge what the other person should be feeling or what is right for that person.

Once again, what is most important is to be there, to care, and to listen.

³²Ibid., p. 8.

As Priest

To come as a pastor is also to come as a priest. Here let us look at some of the special things a pastor can do in his/her role as a priest to ease pain and facilitate constructive coping with suffering.

No one else professionally involved in a situation of illness has special responsibility for the whole person of the patient and the health of the family unit of the patient. First, the pastor has presumably been in contact with them in time of health, before the crisis struck. Thus he/she has some prior knowledge of the family situation and its functioning in normal times, the strengths it has to draw on, the weaknesses present to be aware of, and where support is needed. Through ongoing support and caring, the minister can lighten what seems to be a crushing load.

If the clergyman is adequately trained, he is equipped to do two things to help persons in crisis: First, he can support the person in handling the pain and frustrations of his situation by offering him the strength and comfort that come from the riches of a religious heritage.

Second, a clergyman can help release the coping potentials, the ego responses, the resources for health and wholeness within the person that have been blocked by the spiritual and psychological barriers in his inner life. . . this second function the physician may not be aware (of). It can be a very significant contribution to the healing team.³³

³³Howard J. Clinebell, Jr., responding to Edward Ryneearson and Edward M. Litin, "Working with Persons in Crisis: An Informal Dialogue," in Dale White (ed.) Dialogue in Medicine and Theology (Nashville: Abingdon Press, 1968), p. 121.

It is very important that all those things come after the patient and family have had a chance to talk and be listened to. There is always the danger of "ministering" to the person's needs as we imagine them to be, not as they really are. We must respond to the needs as they are, not as we expect or hope or think they should be. Such sensitive and supportive response, out of the context of an on-going relationship, our religious heritage, and confidence in the coping potentials and drive toward wholeness in each individual can be a very significant ministry in crisis situations.

Cabot and Dicks based their whole theory of the art of ministering to the sick on the belief that the Creator "stamped man with one decisive mark, the need to grow."³⁴ "In the process of growth, mental pain is an unrivaled schoolmaster."³⁵

We can cooperate in the process of our growth by accepting painful experience and learning its lesson, or we refuse to face reality and so degenerate. The minister can help patients cultivate a new sensation, the sense of growth.³⁶

By being aware of the growth-producing possibilities of crises and helping persons cope with painful reality in a constructive manner, the minister can help to bring some positive results out of a primarily negative or at least unpleasant experience.

There is a part deep in each of us which needs to be

³⁴Cabot and Dicks, p. 101. ³⁵Ibid., p. 96.

³⁶Ibid., p. 99.

in touch with the "vertical dimension" within, the "God-shaped void" that can be filled only by God. We must remember that in those depths there is likely to be a need for prayer, assurance of in-touchness with the transcendent. Although it is true that this need may not always be present, a pastor should be especially sensitive to its probably presence and his/her responsibility to help meet it. In times of crisis, one needs to be reassured of God's love. But in order to give a person a real opportunity to vent all the frustrations and questions that he/she is feeling, it is important to be assured that God is not offended by vehement expressions of anger and blame directed toward him. There will be no lightning bolt from heaven to strike down the offender. God, of all beings, who knows us from the very inside out, knows how important such explosions are. Only after the explosion can the helping person begin to offer reassurance of God's love and concern. Peterson found:

The answer lies, again, in a relationship with God through Christ, in which we are assured of his constant grace. Experiencing it, we find realization in a life that is secure in the midst of storms of anxiety and guilt.³⁷

One need, often overlooked by liberal churchpeople, is a very real need for confession and the priestly assurance of pardon. The confessional is one special opportunity of the minister by virtue of his/her role as priest. (That

³⁷Sigurd D. Peterson, Retarded Children: God's Children (Philadelphia: Westminster Press, 1960), p. 128. Emphasis mine.

is not meant to imply that confession can not be made and pardon offered by laity; only that for some people, the role of the priest itself has meaning beyond that of "just another person.") Whether the person is guilty in our eyes or not, is irrelevant. If he/she feels guilt, it can get in the way of recovery, relationships, and healing of every kind. In such a situation, it is important that upon sensing the need or being asked directly, to listen to the confession and then to offer the assurance of pardon and forgiveness which is central to the gospel and hopefully, to our own ministry.

After hearing the suffers out (and not before), the minister also may want to offer prayer, if requested or apparently appropriate. It is a means of bringing those present in touch with God and his continuing relationship with and love for his people. It also provides some reassurance of the familiar and of God's presence among them. All present should be encouraged to express their own prayers. The minister should also be ready to pray for all. Formal prayers may be comforting, if that is the familiar background of the family. But formality is not what is most important. What is essential is to establish some feeling that God is aware of what is going on here, that he is present and cares, and that he is offering sustenance, and understanding, if we will only claim it. Catherine Marshall described the place of prayer in her process of coming to cope:

Then finally, when my well of emotion was dry, she said quietly, 'As a doctor, I have one remedy to offer

for what ails you. Let's talk to Christ about it.' Her prayer was a simple, heartfelt claiming of Christ's promise to bind up the wounds of the brokenhearted. . . . From that moment healing began somewhere in the depths of my being. . . .

I know how that this specific asking for the touch of the Great Physician for my torn emotions was an invaluable step. I also do not believe that this prayer would have had the same effectiveness if it had not been made in my presence. Nor can it be as effective if it is a casual prayer, a sort of overflow of goodwill on the part of one's friends. The prayer for healing of the brokenhearted must be an appointed prayer act - as a definite time and in a definite place. This is a responsibility that clergymen and Christian friends need to undertake for the sorrowing; they fail us if they do not.³⁸

I want to emphasize something from among the quotations drawn from Marshall's book describing her struggle to live again: there were many different individuals involved in helping her win that struggle. We become a team as part of the Christian community. It is in working together that we can most effectively minister. No one person, not even - or perhaps especially - the pastor, can minister as effectively to a family experiencing illness as the community can do together.

In certain situations, perhaps, sharing the Lord's Supper with the patient and his/her family may be appropriate. It carries with it deep, non-rational meaning which may be comforting to those facing existential crises such as illness and death. It offers tangible, if symbolic reassurance of forgiveness for our sins and of our place in the Kingdom of God. These rituals have transcendent qualities which

³⁸Marshall, pp. 48,49.

help us get in touch with God, and assure us of God's in-touchness with us.³⁹

Finally, there comes a time when all the ritual, prayer, reassurance, and listening do not get through, cannot get through. Peterson described a specific case in which he found this true:

How will it be possible to break through her wall of suspicions and resentment and heal her soul with faith and courage? What is needed? Help for Ann will, perhaps, come in strengthening her feelings of security in relation to other people and in persistent reassurances of the meaningfulness of her life and the faithfulness and love of God. These reassurances will be helpful only when she, at the same time, can have a relation with someone who will be able to accept her and tolerate her tendency to make herself obnoxious.⁴⁰

When all else fails, it is the living example which the hurting person observes and relates to which will have the greatest impact. That is why it is important that the minister have personal clarity about the questions of "why?"; that he/she has developed answers to the searchings which are personally satisfying. And that is why it is important that the minister be able to care. When no one else can accept and tolerate the obnoxious person, it is the Christian's special responsibility as an emissary of Christ. Thus, part of the process of reassuring those experiencing pain and suf-

³⁹This would probably be especially true of individuals from traditionally liturgical churches.

⁴⁰Peterson, p. 53.

fering, of the love and concern of God is to be the tangible and present example or channel of that love and concern. We are back where we began in this chapter: more important than anything else is "simply" to care, and let God's love flow through us.

PRACTICAL MINISTRY OF THE COMMUNITY,
DURING AND AFTER THE ILLNESS
WITHIN THE FAMILY

Serious illness will bring about significant changes in the functioning of a household. Especially in the areas of household functioning, the Christian community can respond. If the patient is hospitalized, that means that the family members will not be at home as much as usual. If there are children involved, babysitters will be needed. Meal preparation, daily chores, and previously shared responsibilities will be a burden because time is being spent elsewhere with the patient. Covering those jobs is a relatively simple way in which the Christian community can respond to the needs of the family.

In the conventional family-role structure, there are special needs if either the husband/father or wife/mother, especially of a young family, is hospitalized or ill. The healthy husband will need special help with meals, caring for the children, and the house. The healthy wife may need help with financial matters, mechanical problems, and child-care. Emotionally, she may feel threatened by the loss of

security and the need to be independent which her husband's illness may bring on. He may resent the fact that instead of being served, he must now serve a wife who spends all day in bed; and then, feel guilty for that resentment. Although these role-related problems may decrease in the future (hopefully), they are still present now, and should be considered. In either case, many of those problems can be alleviated or ameliorated simply by offers of assistance. For the emotional needs, a non-critical, loving listener can be of great comfort. Assurances (which are sincere) that those around them will stand by and will not desert them are also important and appreciated. It is tremendously reassuring to know that one is not alone; that people truly care and will be there when needed.

Thoughtful "gifts" will be helpful and appreciated. It is cruel to expect the constant presence of any one family member in the sick-room constantly. Offering to take a family member out for a few hours, or to stay with the patient while the family members take a "breather" can be very meaningful.

It is also important that the patient feel that he/she is still a full member, participant in a community of persons who love him/her and are willing to accept the full implications of his/her and their own finitude and mortality. The patient needs to be included until the last moment of life!

A helpful technique for facilitating the family's

constructive response to the illness is the establishment of caring and sharing groups within the Christian community. There are several possibilities for such groups: 1) such a groups may be established including individuals who have been through illness-crises with members of their families which are now past. The people would get together to share their own experiences and work through left-over problems from those experiences. This would be a healing experience for them. Then, if desired, the purpose of the group could be expanded as these persons were taught the basic techniques of ministry - listening, caring, and sharing of one's own experience and love - in order to become caring ministers to those currently experiencing illness in their families. By having their own support group, these people would have the foundation from which to operate and a place to which to return to work through new feelings and problems which arise.

2) A second possibility would be to form such a group of individuals whose family member is currently sick. This would probably be most feasible in the case of a long-term illness for in times of emergency and imminent crisis, it would be difficult to draw such involved persons together, even were there to be some time.

Participation in such groups develops deep friendships which can be much comfort and support as one faces the changing nature or impending end of a relationship in one's family. The same principles operate here as in one-to-

one ministry; except that in these situations, each person is clearly ministering and receiving (ideally, that should happen in all situations). Non-critical, supportive listening is paramount. The leader should encourage the group members to talk about the pain, anger, fears, and frustrations they feel and/or have felt. Realizing others experience the same difficult emotions is in itself comforting. Also, learning how they have dealt with similar situations facilitates action which becomes part of the coping and healing process.⁴¹

Finally, Angell suggests two other practical ways of facing upheaval within one's family:

I have discovered two effective kinds of therapy for a broken heart. One is to bring yourself into intimate touch with the sufferings of other people. I found that out by my regular visits to the hospitals. Nothing has helped in the relief of my own sorrow so much as sitting at the bedside of someone who is trying to cope with pain or the prospect of his own death. Or praying with any family in trouble. The other is continually to look for ways to do for others the things I would like to do for Susan, but cannot.⁴²

He found that to be ministered unto was to minister. Or the other way around. That is the principle behind sharing and caring groups. And it is the principle behind Christian ministry of every sort. We are all members of the family of Christ, called to share in and support one another in joy and sorrow, in happiness and suffering, in sickness and in health. We can do it if we are willing.

⁴¹ See "Make Today Count," Orville E. Kelly, A.D., Jan. 1975, Vol. 4, No. 1, pp. 23,24 for excellent example of such a group.

⁴² Angell, p. 19.

Chapter 5

CONCLUSION

Illness, suffering, and death are part of the life-experience of every human being. These are times of great emotional and spiritual, as well as physical and medical need. The problems, needs, and questions that surface in a time of crisis make it a 'strategic helping opportunity' for the Christian community. The example of Jesus and his calling of his followers to serve the suffering make the seizing of that opportunity a responsibility for the Christian community.

The preceding sections have been an effort to discover, develop, and describe means by which it may be possible to use that opportunity and responsibility constructively. Major resources have included several disaster studies from which it is possible to glean information on how families respond sociologically during stress. Personal accounts written by individuals whose families were experiencing the crisis of illness or death provide autobiographical information on spiritual and emotional reactions. Various writings in the fields of pastoral counseling and theodicy aid in analysis of the problems and ways of helping. Primarily from these resources, I have tried to discover what does happen in a family when crisis strikes, how its members cope,

what helps them to cope, and how helping persons can be of true assistance.

A family is a social organism with its own personality, strengths, and weaknesses, its own history and hopes. It experiences life as a 'functional unity.' What affects one member affects all, and changes the way the unit views itself and the world. Needs and fears which were previously somnolent, distant, or abstract are uncovered in times of stress. Those identified here include the needs for preparation, to be in contact with other members of family, for the familiar, to be useful, to know what is happening, to share and talk with others, and a need for meaning. There are corresponding negative aspects which are respectively the delusion of personal invulnerability, fear of isolation, fear of the unfamiliar, fear of the unknown, role frustration and role conflict, repression and guilt, and existential anxiety. In responding effectively to crises in particular families, one must also be aware of differences in cultural or ethnic understandings of illness and what the experience is likely to mean to individuals at different stages in their lives. It is especially important to remember the children who also suffer acutely from the disturbance in family life, of which they are aware, even if they do not understand.

A major issue in situations of illness which especially concerns the Christian community is the problem of

searching for meaning in the suffering. Families facing illness are angry and bewildered. Platitudes are worse than useless. There are no simple answers or explanations. However, we did move toward a means of coping with the questions of "Why?" and "Where is God?", without side-stepping the issues and with maintaining the "contagious conviction" that despite all evidence to the contrary, God is still present and loving, "a universal persuasive influence" who is involved and concerned. Thus, prayer can be used in situations of illness with the confidence that is appropriate, that it does make a difference, and that it is heard. There really is no concrete proof that these things are true. There can be only the examples of where they have worked, individuals in whom the conviction is contagious, and a personal leap of faith.

It is possible that there may be some positive effects from all the questions and suffering. Difficult situations tend to force self-examination, reprioritizing and redirecting of one's life. Pain can be an effective stimulant to growth. In addition, the very irrationality and lack of meaning facilitate true human goodness, loving sympathy, and compassionate self-sacrifice among those involved.

No, we have no explanation. We have only the assurance that God loves and cares in the midst of the inexplicable. Our faith is that this ever-present caring and loving God will hear us when we pray and will provide us with the resources

we need in order to cope with whatever befalls us.

The Christian community can perform numerous acts of ministry (food, babysitting, etc.) to meet the needs of the whole family while being present, supportive, and caring. The minister can play many roles through his/her involvement. He/she may work as an advocate for the family in relationship with other professionals, a source of referrals to other persons and agencies which can help, and a teacher in helping people understand the physical, medical, and psychological aspects of the illness. Clergy also have the special opportunities as priests - including administering the sacraments. Above all else, all involved in ministry to the suffering sincerely must care, be present, and be willing to listen, walk beside, whatever dark roads they travel. One of the most important parts of ministering to those experiencing pain and suffering is reassuring them of the love and concern of God through being the tangible and present example or channel of that love and concern.

Ministry to the suffering is not answers and cures. It is more than activity. It is being who we are and letting God work through us. More than anything else, all the reading and research told me that people are just people who need love and each other, who hurt and are trying to cope. Our greatest response is to help them be aware that God cares and we care. The most effective way of doing so is to be the living and present example of the Good News of God's presence, care, and love.

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